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The Very Small School of Nursing[1]

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IN the discussion of the many problems pertaining to nursing education on a large scale, in the consideration of the importance and influence of university schools, and in the efforts to promote better teaching, there is a tendency to neglect those institutions which are less fortunate, whose existence is a constant struggle, and whose contributions to nursing education are sometimes far from satisfactory. That the very small hospital is necessary to the community in which it is located can hardly be denied. In many ways, its importance is out of proportion to its size. Not only is it important from the standpoint of the physician, and the patient, but it dominates the thought and action of the community in regard to nursing and nursing education.

Almost without exception, the persons who own or control these hospitals honestly believe that the only possible way to care for their patients is by means of a school of nursing. That is the only reason for the existence of the school. When the school is in difficulties seeking advice and help, we hear the impatient retort, "A hospital of that size has no business with a school, let it do its nursing by means of graduate nurses." An inconsiderate answer of that sort, based on no attempt at reasoning or understanding, is far from helpful and demonstrates our inability to see both sides of a question. When retailed to the community whose interests are served by the little hospital, it naturally creates much irritation, sometimes leading to political opposition to laws, or amendments upon which our hearts are set.

This paper, which does not present a solution but only an introduction to an important topic, is based on a simple questionnaire sent to schools of nursing connected with hospitals having fifty beds or less. Hospitals of fifty beds or less were chosen because institutions having a greater number belong in quite a different class, both as to administration and teaching. The number of beds is unsatisfactory and unreliable as a basis of study, but many of the superintendents do not know how to find the daily average of patients.

Four hundred and fifty questionnaires were sent out and 268 were returned. In each state, a member of the Board of Examiners was asked to assist. The response to this request was cordial and helpful. A study of

[1] Read at the thirty-third annual convention of the National League of Nursing Education at San Francisco, June, 1927.

the answers is suggestive and it made the writer a little ashamed. Less hurry, more deliberate and thoughtful attention to the wording of the questions, would have brought better results. Just as the questions are faulty, the answers betray the need of greater accuracy of speech, the need of an understanding and agreement as to the meaning of certain words and phrases which we all use. If our words are stumbling and inaccurate, so is our thought, and then, of necessity, that same lack is characteristic of our teaching and of our care of sick people. In any hospital accuracy and precision of speech are essential. If they are not found in matters of administration and organization, they are usually lacking in the educational department.

The first point upon which information was desired was whether the hospital was municipal, county, state, private, or maintained by a hospital association. Several times a hospital was described as municipal, private, and Protestant. A city hospital could not be sectarian, and certainly it is not a private institution. The hospitals mentioned are probably private ones caring for the sick poor for whom the city pays. In many instances a private hospital is confused with one admitting private patients. A church hospital, owned, controlled, staffed by members of a certain church is described as non-sectarian, even when the members of the faculty are required to attend the church in question, because it admits patients of any or no belief!

The use of the words "private" and "hospital association" in the questionnaire was wrong. All hospitals owned and controlled by stockholders who expect returns from their investments, are private, while those which are "incorporated, not for gain," the earnings going into improvements, may be rightly called community hospitals. It is the same sort of differentiation which many organizations fail to make between money spent for charity and bills which cannot be collected.

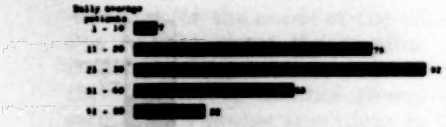
The small hospital is owned by every variety of organization:

Organization	*Number of Hospitals*
City	16
County	11
Township	1
City and County	3
State	3
Private	81
King's Daughters	4
Children	1
Hospital Association	82
Masonic	1
Industrial	1
Protestant	31
Catholic	28
Mennonite	2
Fraternal	2
College	1
	268

The daily average is given as being from 18 to 25, or from 20 to 40, which, naturally, it can not be any more than 2 + 2 = from 4 to 10, or 5 + 6 = from 11 to 30. A daily average is a mathematical certainty, and when not otherwise specified, it should be understood that, in any study, the daily average required is for one fiscal year.

Daily Average	*Number of Hospitals*
5–10	7
10–15	25
15–20	50
20–25	51
25–30	41
30–35	35
35–40	15
40–45	15
45–50	7

The monthly average of major operations gives us some clue to the amount of clinical material available



How many hospitals of each size were studied? Seven hospitals had less than 10 patients; 75 had between 10 and 20; and so on.

for teaching purposes. Minor operations in the very small hospital are usually for enlarged tonsils and adenoids. The number of medical patients is usually at least one-third less than the number of surgical patients. Often two-thirds of the patients admitted are surgical, the number of maternity patients being much less than that of the medical.

Monthly Average of Major Operations	*Number of Hospitals*
1– 5	9
5–10	12
10–15	35
15–20	43
20–25	31
25–30	17
30–35	23
35–40	13
40–45	12
45–50	2
50–55	4
55–60	3
60–65	3

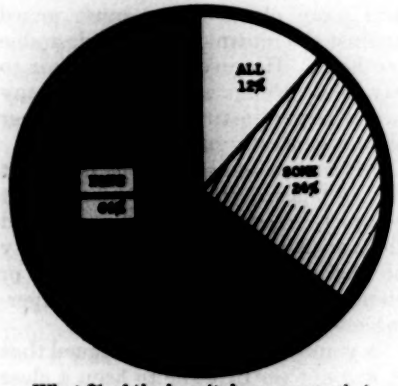
The question as to the segregation of beds is answered thus:

Not segregated	159
Segregated	31
Obstetrics only	31
Partly	28

DEPARTMENTS

Pediatrics	45
Tuberculosis	4
Contagious	21
Nervous and Mental	8

These departments are sometimes represented by one bed and are usually, in hospitals of this class, from two to six beds. By the pediatric department may be meant two small beds



What % of the hospitals segregate their beds?

in a general ward. The answers in regard to segregation are, unintentionally, far from reliable because they mean that a number of beds is set aside to be used for a certain purpose *if possible*. The exceptions are so many and so constant that the segregation does not exist except in intention. In this connection, in the 219 hospitals in which the services are not segregated, case records are kept by 126 schools and 89 keep none.

Even now in many instances, and in institutions where there are only three services, surgical, medical, and obstetric, little attention is paid to the necessity for a varied experience. If the chief surgeon is pleased by the work of a nurse, she remains in the operating room for a year or eighteen months. Even in this year of grace she sometimes stays in the diet kitchen indefinitely, or her record shows that she has spent the equivalent of sixty-six days in the office on Sundays and odd afternoons, or two months in the drug-room washing bottles, all this in the name of education. The scarcity of applicants for a number of years helped somewhat in the correction of some of these things. Now that applicants are becoming more

and more plentiful, we must guard against the return of these undesirable methods. However, it is only fair to say these things are found in many much larger institutions and oftener than is generally supposed.

After all these years, it is pertinent to emphasize the statement that complete records are necessary and that, once made, they are the property of the school, not to be altered or changed at the pleasure of the superintendent of nurses.

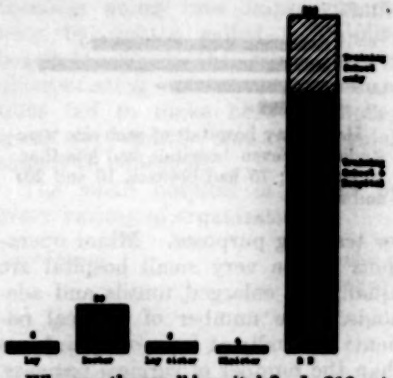
A young superintendent argued that it was not worth while to keep a class book because her schedule of hours and days for classes and lectures was never changed. She declared that failure to appear on the part of the physician and illness on the part of the nurses was so infrequent as to be unworthy of notice. A patient demonstration, with the help of the calendar, of the number of times that "fast days and feast days" must have interfered with the scheduled hours, with some evidence from the time book, surprised and convinced her that her report, made up at the end of the three years, was far from accurate.

THE SUPERINTENDENT OF THE HOSPITAL

A lay person	6
Doctor	30
Sister not a nurse	6
A minister	4
A nurse	216

The public is slow to realize that the fitness of a person to administer a hospital has no relation to nursing, medicine, or the ministry. The nurse naturally knows more about hospital life than the other two but few things have done more harm than the general belief that any graduate nurse is qualified to organize and manage a small hospital or school of nursing simply because she is a graduate nurse.

In 166 hospitals, the same nurse is superintendent and superintendent of



Who run the small hospitals? In 216 out of 262 hospitals the superintendent of the hospital is an R.N. In 166 of these cases, she is not only superintendent of the hospital but is superintendent of the training school as well.

nurses. For several years the writer has studied this combination of offices with a good deal of care, and she has, moreover, tried it herself. She is convinced that there could be no worse arrangement. The superintendent is held responsible for lessening the hospital debt or, at least, for not incurring or increasing a deficit. Added to this is the necessity of pleasing the doctors, who should be pleased and considered. The most honest and well-intentioned nurse in the world often finds it impossible to do justice to the school under the circumstances. Her attention may be called to the inadequate housing facilities for the students, the condition of the bathrooms, the lack of hot water, the paucity of teaching equipment. Her answer is, "Yes, we know something should be done. In a few years we mean to build, but we cannot afford anything better now. You know we have a debt." Any psychologist will tell you that her anxiety and determination to do the best she knows how for the institution, often prevents her from realising how money might be

obtained for the needs of the school. She is right about the hospital. It is enough of a job for one woman but there should be another person determined to change conditions in the school. Nothing was ever more illuminating than the story of Florence Nightingale, told "*It cannot be done*," and replying in a little lower voice than usual, "*It must be done*," and *It Was Done*. But she never applied that deadly determination of hers to two incompatible desires. It is difficult to convince a superintendent and the trustees back of her, that the living conditions of the school often contradict all the teaching of hygiene, sanitation, and positive health, and that such contradiction has as much bearing on the success of the hospital and the care of the patients as the reduction of the hospital debt and that it sometimes prevents that reduction.

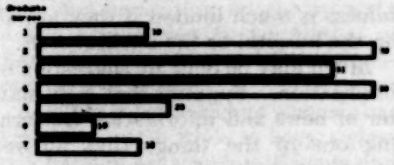
In 191 hospitals the medical staff is organized, in 66 it is not. One hundred and eight report having a training school committee, and 146 have none. It is evident from the answers to the questions that many of the superintendents do not know how to use such a committee. "It meets when called," and upon inquiry one finds that it is never called. "It listens to complaints," is another frequent answer. If we believe in the power of suggestion, we recognise the danger of organizing anything with that end in view; the complaints would be forthcoming. Often we are told that there is nothing for such a committee to do. What the committee *does* matters little. What counts is what happens to the committee in the way of education and enlightenment. The wise superintendent of nurses keeps her school committee well informed as to what is going on in the nursing world. She sees to it that the members read nursing publications. The committee should serve as an intermediary between the school and the public, and sometimes it is able to change the sentiment and feeling of the entire community as it grows in understanding and knowledge. Some of its members should be well known in civic and social activities. Its usefulness is much limited if they are all on the hospital or the medical staff.

Much may be done by suggestion or implication. Suppose that as a matter of news and information concerning one of the things that nursing organization has brought about, the committee is told of the Nurses' Relief Fund, the amount of money that has been collected, and the number of nurses who have been and are being helped. A little later they may hear that there is, apparently, an increasing number of young nurses graduated only a few years ago, applying for help because they have contracted tuberculosis. Still later, the committee is shown the crowded condition of the nurses' home. The youth and immaturity of the modern student of nursing should be constantly kept before the committee. They will soon discover that in caring for the sick in the hospital, they may be responsible for other sick people who will need care in a few years. If the members of the committee do not recognise the steps by which they have been led to these conclusions that is of no consequence, and sometimes more can be accomplished in that way.

NUMBER OF GRADUATES

Hospitals		*Graduates*
19	report employment of	1
58	" "	" 2
51	" "	" 3
58	" "	" 4
23	" "	" 5
10	" "	" 6
18	" "	" 7 or more

Graduate night supervisor	164
No. " " "	92
Superintendent of nurses on call at night	84
Graduate operating room supervisor	191
No. " " " "	64
Superintendent of nurses manages operating room	79
Superintendent of nurses gives anesthetic	41



How many graduate nurses does each hospital employ? Half of the small hospitals studied employ three graduate nurses or less. Some 8% employ only one.

Hospitals admit quite frankly that the superintendent is superintendent of nurses, housekeeper, dietitian, is on call at night, gives the anesthetics, has charge of the operating room, and does all the teaching except that done by the doctors. In many hospitals, something like this is found. Three graduate nurses are employed, one of whom is the night supervisor. The nurse who is superintendent and superintendent of nurses admits and discharges the patients, makes out and collects the bills, does the housekeeping, supervises the laundry, including the buying, sees the patient's friends, answers the telephone when free from other duties, waits on the doctors, looks after the records and the bookkeeping, gives the anesthetics, and does some of the teaching. The assistant takes over the work of the superintendent when the latter is absent, has charge of the operating room, scrubs for practically all major operations, and does most of the teaching. Changes occur so frequently that the nurses carrying such loads of responsibility are often young graduates of two or three years standing at the most, and with no particle of preparation for the work they are doing. Four or five mornings a week, the operating room is busy. The senior nurses are away for their affiliation. During the busy morning hours, when important treatments are to be given, other doctors waited upon, and the heavy work of the day done, the responsibility falls upon very young shoulders, students who work day after day, and week after week with little supervision.

The superintendent is late for luncheon, telephone numbers have been left for her, there are patients to be admitted or discharged, bills to be made out, supplies to be ordered. The janitor, the cook, the laundress are waiting to consult her, it is time for the students to begin to take their afternoons or hours off, three o'clock is rapidly approaching when the harassed and worn woman is supposed to teach a class in ethics or professional topics, and as soon as possible she must give a test in metabolism or take an X-ray picture. Your whole heart goes out to her, all the more because she often does not realize her limitations. She has had no scrap of preparation in: (1) administration, (2) hospital equipment, (3) purchasing of supplies, (4) management of kitchens, storerooms, and laundries; (5) the employment and control of servants, (6) bookkeeping, (7) record keeping, (8) school organization, (9) teaching.

Each one of these is a business in itself, requiring time, thought, and preparation to carry on effectively. One wonders sometimes how the organization hangs together. It would not do so were it not for the innate goodness and helpfulness of human beings. Isn't there something about a chain being as strong as its weakest

link? And haven't we, whose graduates go out so blithely to face such tasks, some responsibility in this matter? Furthermore, in instances such as that just described, what becomes of the oft-heard plea, that it is only in the little hospital that the student receives close personal supervision and guidance?

No. of Pupils	*No. of Schools*
2 to 5	3
5 to 10	67
10 to 15	96
15 to 20	54
20 to 25	33
25 to 30	9
30 or more	6

A fair number of the very small schools have graduated only one class. Thirty-five have not yet graduated any.

In 1923	557	were graduated
" 1924	668	" "
" 1925	769	" "
	1,994	

One would like to know what has become of these approximately 2,000 pupils and especially how many of them are now in charge of small hospitals and schools.

One hundred and seventy-four schools reported plenty of applicants, 58 that there were not enough. Here again, in many instances, no distinction is made between the young woman who writes a letter of inquiry, usually to several schools, receiving a blank in return, and the real applicant, who fills and sends back the blank thus applying for admission. The report of the Educational Requirement is as follows:

	Schools
Completion of the eighth grade	2
" " one year of high school	108
" " two " " " "	87
" " three " " " "	1
" " four " " " "	56

It is sometimes difficult to make the young woman who says her educational requirement is two years of high school and who admits that there are exceptions in every class, understand that one year of high school is her requirement and two years the goal towards which she is striving.

In connection with the minimum educational requirement for admission, more attention should be paid to the amount of education necessary for a superintendent or an instructor. It seems reasonable to expect that every member of the faculty should have at least the minimum requirement for students. The speaker knows several schools having a minimum high school requirement whose superintendents have only a common school education.

We should not only drive home the necessity of special preparation for any work undertaken in our classes in professional problems but, in our ethics, we should teach that such preparation is an obligation, a duty. It is idle to say that four or five years of experience compensates for such a lack. It does not. If proof is needed, it may be found in occurrences similar to this one. A young superintendent, unfortunate in this respect, was working very hard and, as she hoped, successfully, until she discovered that her students were making lists of her mispronounced and misused words.

AGE REQUIREMENT

Years	*Schools*
18	227
18½	1
19	17
20	3
21	1

One of our Minnesota schools has gradually increased its age requirement to 19½ years with no apparent decrease in the number of its applicants. The result in the life of the school is very marked. Fewer days

have been lost from slight illnesses, and, in addition, the pupils show greater stability and better judgment.

The teaching of dietetics is often a clue to educational conditions.

Taught by	*Schools*
The superintendent	94
A doctor	7
A dietitian	76
In a high school or college	53

Occasionally it is a visiting dietitian or one who is married and lives in the town. Sometimes the so-called dietitian is just somebody who somewhere and at sometime has had some connection with food. Dietetics in a high school or college means laboratory work, but it needs rather careful supervision. The tendency to fancy dishes and candy making needs suppression. More emphasis should be put on simple, nourishing dishes, which are palatable and appealing.

A school without a classroom seems to be an absurdity but it is not unknown.

Classrooms	
Room used for no other purpose	187
None	62

It is interesting to note what other rooms are used for this purpose:

Reception rooms	18
Libraries	2
Serving rooms	2
Offices	5
Sterilising room	1
Chapel	1
Accident room	1
Dining room	21

The dining room seems to be a favorite substitute. The writer has seen it so used in at least four states. There is nothing more disheartening to one who loves the processes of education, than to see student nurses assembled for class around a table already set for breakfast, with their books, and, possibly, their elbows in the breakfast plates. No doubt good teaching has been done in queer places, but it is the exception.

Demonstration rooms	108
Skeletons	202
Dolls	167
No blackboards	3

What can be the state of mind of a teacher who trys to prepare students for nursing without classroom, skeleton, doll, blackboard, charts, or any affiliation? We are so apt to forget about the influence of the unconscious teaching of an institution. Tired bodies and tired minds react unfavorably to unsuitable surroundings, and those surroundings often make futile the eloquence of the teacher. A room, however crude, which proclaims itself a classroom is essential, blackboards may be painted on the walls, a doll which is homemade has advantages, and there is always a doctor who is ready to loan a skeleton or a few bones.

Earnest effort has been made for many years to give the student an understanding of the gospel of health and of her obligation to teach it by word and example. One wonders why the reiterated lessons are like seeds fallen on stony ground. One has only to read registration examination papers to realise that the truths which we consider vital are mere fluff to the student. They are in no way a part of her life and thought. May not at least a partial answer to the puzzle be found in the way the school life denies its own teaching? We insist, for example, that food should have closely thought-out relation to our nutritional needs, that it should be served daintily, that it should make an appeal to the eye. A scientific study of the food served to pupil nurses, in hospitals, big and little, and of the sort of service

provided would help us to understand our many failures.

There are probably few teachers of personal hygiene who do not advocate the daily bath as a measure of protection, comfort, and self-respect. There are scores of schools where it is not even remotely possible. Sometimes a bathroom is reserved in the hospital for the school, reserved for as many as twelve people in which to undress, bathe, re-dress, and then go across to the home to undress again and make preparation for the night. Such a method is prohibitive wherever the bathroom is situated. The bathroom contains the tub, toilet, and wash-basin, none of them screened, and it must meet the needs of from six to twelve persons, the number oftener twelve than six. Is it possible for them to obtain a bath and prepare for the night with any privacy or decency? Many times a complaint has been heard that two students bathe together in the same tub. Disgusting, indecent? Possibly, but there is something underneath, more important than the dual bath, something worth thinking over and which should be heeded. In the morning the pupils stay in bed until the last minute and they must be at breakfast by six-thirty. In less than thirty minutes, they are supposed to wash, at least their hands and faces, to clean their teeth, and attend to their bodily excretions. No privacy, no reticence, no decency possible, no remotest chance of forming correct bodily habits.

What have conditions such as those described to do with education? They are an important part of our educational process and they present one of the most potent causes of failure. Our living conditions emphatically deny the truths we teach. The lack of hospital provision to care for the hands adequately proclaims aloud the futility of much of our instruction in bacteriology; over three thousand unbalanced, untidy meals make of no avail what is taught in dietetics. As an educational method, as a preparation for work in which ways of living count tremendously, it is extravagant beyond words. It is as impossible to obtain the results we desire, while our students so live, as it was for Mrs. Partington to dry up the Atlantic Ocean with her mop.

Great improvement is seen in the time set aside for class and lecture work.

Evening	*Schools*
All	23
None	41
1/6	21
1/4	21
1/3	41
2/3	30
1/2	64

One superintendent wrote, "I try to get in all the class work in the evening after seven."

Hours on Duty per Week

Hours	*Schools*
40–45	3
45–50	26
50–55	71
55–60	62
60–65	64
65–70	8
70–75	2
90–95	1

Affiliations

Number of Months	*Schools*
2	3
3	18
4	22
5	6
6	36
7	1
8	11
9	8
10	1
12	20
Total	126

With the increase in the number of applicants has come difficulty in obtaining affiliation. In many states it

is well nigh impossible to obtain it for pediatrics and infectious diseases.

It should be encouraging to the young ambitious members of the League to realise how much opportunity remains to them for hard, earnest work, and straight, clear thinking about nursing education. Dr. Henry S. Pritchett once made the following criticism: "The most striking weakness of American political and economic thinking, lies in the superficial character of our education. In our public schools and no less in our universities, and colleges, education is interpreted only too often to mean a smattering of knowledge in many things; *seldom is it construed in terms of the mastery of any one subject or as the ability to think clearly.*" If Dr. Pritchett dared to express so emphatically and courageously what he believed about education, surely we, in the same spirit, may say what we believe. Well, then, I believe that today, in the present stage of the increase of our population, the small hospital is as necessary and important in its place as the university or big city institution. I believe that the educational opportunities it offers have been underestimated and neglected. I believe that it is the duty of the League of Nursing Education to study its problems with the same interest and careful thought now being given to university and big schools of nursing.

Before we go very far we must clearly define general nursing education and education in specialties. Have we given sufficient thought and valued aright those intangible influences which are necessary to make the well-bred, well-mannered, well-poised young women necessary for the development of the good nurse? Have we really correlated our theory and practice, either in our work or in our thought? In this respect aren't our examinations for registration misleading and rather absurd? Isn't it unsound reasoning or lack of any reasoning which leads us to make registration dependent upon two and one-half days spent in writing answers to questions? Just as a man may know French grammar, and yet be unable to write, read, or speak the French language, so an applicant for registration may be on the honor roll and still be a wretched untrustworthy nurse. Worse even than that, is the psychological effect of proclaiming to the pupils, the hospitals, and the public generally, that it is only the theory of nursing that really counts. The theory should be the wholesome firmly rooted plant on which blooms the practice of nursing, the beautiful flower of conscientious and devoted care of sick people.

If the nursing education of each state were connected with the state university or with the state department of education, would not our standing be improved? Isn't it time that we took boards of examiners of nurses out of the field of politics and gave them a sound educational background?

A normal school in every state, given over wholly to nursing education, connected with a state university or under a state department of education, having a central school, whose pupils were assigned to hospitals, big and little, would be very valuable. A general nursing education as a foundation for all nurses, and, in addition, theory and practice in organisation, administration, supervision, and teaching, with intensive work in other specialties for those who desire them, combined with a requirement that all superintendents of nurses, and instructors of accredited schools, having first had a suitable preliminary education, must have successfully taken the courses necessary for their work, including the examination,

in administration and education, would go far to remedy some of our difficulties.

No unsuitable condition exists in the small school alone. A similar condition can always be found to match it in a large school, and the small schools offer wonderful opportunities for practice in supervision and teaching. The sick person in the rural community is entitled to as good scientific care as the one in the large city, and the only way to give it to him, aside from the use of graduate nurses, which has been usually unsatisfactory, is to make the institution a part of a great teaching system. If we went a step or two further, strengthening the work by frequent inspection, giving standardized examinations at the end of each year, requiring a definite amount of equipment, and allowing graduation from these accredited schools to mean automatic registration, it would be a splendid achievement. Our present educational system is unsound because we separate the university and big schools from the little ones and then register the graduates of all of them on the same artificial and false basis.

It will bear thinking about, and it will need much unselfish, patient, honest effort in order to right the wrong things. A little book by Dr. John Finley, the poet and educator, called "The Debt Eternal," has been a great inspiration to me. The Debt Eternal is the one we all owe to the next generation, it is the obligation we owe to those weaker than ourselves. The harder we have worked, the more we have suffered to keep alive our own ideals, the greater has been our success, or strange as it may seem, the greater our failure, so much heavier is our obligation to see to it that those following us and those around us, may be benefited and helped onward by our efforts. How beautiful a phrase it is—The Debt Eternal—the possibility of continued effort, clearer thinking to make the effort worth while, and an ideal to be followed eternally. The Debt Eternal includes the obligation which the big well-equipped, well-administered schools of nursing have to the little schools. The ultimate success or failure of nursing education depends upon our comprehension of the truth that whether carried on in the little or the big place, it must be one system, a system which provides tender and efficient care for the sick person in rural communities and in big cities and brings happiness and satisfaction to all who give that care.

Army Nursing Care in Mediaeval Spain

IN the spring of 1484, there was a chosen force of six thousand horse and twelve thousand foot assembled in Antequerra, many of them the very flower of Spanish chivalry, troops of the established military and religious orders, and of the Holy Brotherhood.

Every precaution had been taken to provide this army with all things needful for its extensive and perilous inroad. Numerous surgeons accompanied it, who were to attend upon all the sick and wounded without charge, being paid for their services by the queen. Isabella also, in her considerate humanity, provided six spacious tents, furnished with beds, and all things requisite for the wounded and infirm. These continued to be used in all great expeditions throughout the war, and were called the Queen's Hospital. The worthy father, Fra Antonio Agapida, vaunts this benignant provision of the queen, as the first introduction of a regular camp hospital in campaigning service.—From "The Conquest of Granada," by WASHINGTON IRVING.

Home-Made Diet Desks

By Mildred Constantine, R.N.

WHEN we first began to plan our classroom equipment, our head carpenter offered to make the diet tables, as he felt that he could save money for us by so doing.

The accompanying photograph shows the result of his work and is submitted because I have recently heard nurses complaining of the cost of equipment.

Estimating labor at $6 a day, these tables cost us $40, with an additional $22.50 for the piping, the gas stove and the oven. This makes the total $62.50 when completely equipped.

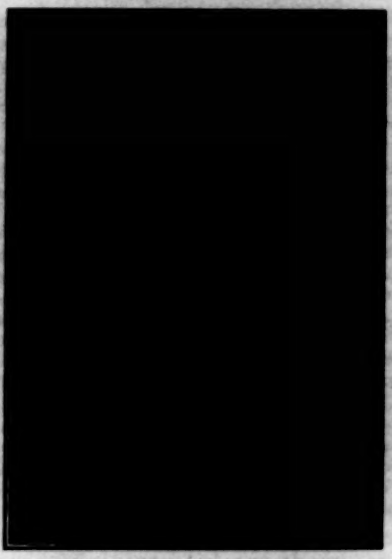
Some additional tables were made entirely of material which was salvaged from various parts of the hospital, so that the wood did not cost anything.

One of the Desks

The dimensions are 59 in. by 30 in. by 34 in.

Nursing—A Social Activity?

By Mary P. Connolly, R.N.



New Nursing Headquarters for Michigan Nurses at 51 Warren Avenue, W., Detroit, Mich.

IS nursing a social activity? Michigan nurses believe that it is and are sharing the new Community Union Building erected in Detroit by the Detroit Community Union.

The offices of Mary C. Wheeler, general secretary of the Michigan State Nurses' Association and Lyda Anderson, general secretary of the Detroit District, the Visiting Nurses' Association headquarters, the Central Bureau of Nursing, and the Official Directory of the Detroit District are all comfortably housed with the other organizations which are responsible for the many social problems which a city like Detroit presents.

How Old?

"SHE was of the age when a nurse has either made good, has been side-tracked by circumstances, or has sat down heavily in one spot, a stumbling block in the path of necessity."—"Captains of the Watch of Life and Death," by Mabel Osgood Wright.

An R.N. Takes the Cure

By Claire Gilstrap, R.N.

WHEN Life becomes too complicated, when it rushes by so madly that one is dizzy and bewildered with the attempt to keep pace, there comes, mercifully, a period of rest. Mercifully? Oh, but one beats rebelliously against it at first. One fails to see how anything so relentless and enforced, so entirely unwanted and undreamed of, can be merciful. After a while—after years, perhaps—one looks out upon the serenely silent and sunny crests of the low-rolling hills, and realizes that life has a richer sweeter flavor when one has the leisure to sip it slowly, to muse whimsically over each tiny crystal drop of it.

The operating room was so sickeningly hot. And there was that horrid cough again. The "dirty nurse" had learned to rush up and hold that bit of gauze before one's mouth—a conspicuous procedure! How she loathed it! Why couldn't one cough decently, unobserved? "Aren't you over that cold *yet*, Miss Blank?" "It's better," she replied meekly. "You need a good rest." The surgeon looked sharply at her across the retractored abdominal incision. "I'll be through training in two more months. I'll rest awhile then." "You'd better. You're getting pasty and anemic looking. Well, doctor," he glanced at his assistant, "I think we'd better do an anastomosis of a free loop of the ileum with an uninvolved portion of the transverse colon."

Such a long, tired day! How many operations had there been, anyway? But one loved the rush of it. One loved the glaring white walls; the gleaming instruments that one had polished with much pride—and a little weariness; one loved the heaps of muslin-wrapped, sterilized packages of dressings, the mingling of clean, pungent, significant odors; the curt, quiet demands of the surgeon who knew his necessities were at hand even before he spoke. It was a maddeningly busy life, but there was something tremendously satisfying in the swirl of it.

"Of all things, Blankie! Take that thermometer out of your mouth and let's go hiking. The club has invited us, and I've already asked for late permission. We're going out to Indian Rock. Four miles and a gorgeous moon! Come *on!*" "I'm tired." "No wonder! But you need fresh air and some good wholesome exercise. It's silly and morbid of you to mope at home, sucking a temp stick." "Oh, I'm all right," she said defensively. But she saw, as she slipped the thermometer back in its case, that it registered 101.6. And her pulse had been 130 at the end of the last operation. Oh, well; it was really nothing—just that bit of cold hanging on. And one certainly needed some healthy, bracing diversion. "All right. I'm coming."

A few weeks later. The end was so near. What bliss to be a graduate nurse! The glorious independence of it! She would work so joyously—oh, just work and work and work! There was the post course in O. B. next spring, then that lovely offer of Dr. Brown's when he opened his maternity hospital next fall. And at such a salary! She smiled in delighted anticipation, and shrugged at the lean, impoverished student days that stretched behind.

"Miss Blank!" thundered a voice in the outer office. Miss Blank sprang from the couch in the

Superintendent's private office, and faced the stern-looking doctor, her cap ridiculously over one eye. "What are you doing?" "I'm relieving Miss Smith. I can hear anyone who comes into the office, and there's an extension 'phone in here. I wasn't *asleep*," she defended herself in half-frightened tones. "I was just a little tired . . ." The doctor looked at her in stern silence. She felt she must be guilty of a great misdemeanor, and awaited this fierce-eyed judge's sentence in dreadful apprehension. "You know—" he hesitated, "you know that sputum specimen we asked you to send in *weeks* ago—" "Oh," she gasped in relief. "Yes. Well, I did send it in this morning. I finally remembered." The doctor shook his head slowly, pityingly. "Child . . ." Then he blurted, roughly, "There were bugs in it!" Half an hour later she was still pleading. "But I can't afford to go away now. Just next week I was to have begun twisting all the shining, beautiful world around my own little finger. Oh, let me stay! I'll soon be all right."

But within a week she was in a different world—a strangely beautiful world of intensely blue skies, of brilliant sunshine, of lofty mountain peaks. She found a ducky little toy-like town with quaint shops and queer, winding streets, with saucy little houses racing helter-skelter up and down the mountain sides. She rented a furnished cottage.

One morning she awoke on her sleeping porch. Somewhere one neighbor was calling across the frosty air to another: "I'll say it's cold! Twenty below at six o'clock!" Twenty below zero! How she hated to leave her nice warm bed. But she sniffed the tantalizing fragrance of bacon and toast. The prospect of a crackling wood fire awaiting her made her turn off her electric heating pad, pull her heavy bathrobe over her flannel pajamas, thrust her white feet into her cold little slippers, and scamper inside to her breakfast. She loved the little room with its wide stone fireplace, its shelves of books between white-curtained casement windows. One had such long, lazy hours to lie and read; such delightful days to spend with Becky Sharp, with funny old Sancho Pansa, with more modern heroes and heroines. And poetry—what a feast!—from Shakespeare to Edna Millay. She recalled:

> I burn my candle at both ends;
> It will not last the night.
> But, ah, my foes, and, oh, my friends,
> It makes a lovely light!

She had burnt her candle at both ends in the old days. But, thank heaven, there was still a piece of tallow worth retrieving. And it wasn't so bad after all, this retrieving business.

That is—it wasn't so bad—in spots. There were days when all the clenched teeth and determination in the world could not overcome the monster of homesickness. There were days when the staggering realization of an enormously accumulating debt almost got her down. There were days when the nagging elevation of temperature and the persistent cough seemed endlessly unconquerable. There were days when she was so utterly weary of resting that she fairly loathed her bed. There were months in Sans and out of Sans; there were months in a hot burning climate which proved unwise, and more months, later, repairing the damage of that mistake. There were years in bed. Centuries . . . eons . . . eternities! She forgot she had ever been a nurse. The old life with its frantic whirl, its bewildering complications—its usefulness—seemed too remote to ever have been possible.

Finally came encouragement. Finally came successive days, weeks even, without temperature. Once—she rode a horse! Several weeks later she could gallop across a frozen mesa against a cold wind, and spend hours in her saddle, eating a camp-fire lunch in a snowy canon—with no ill results. Cockily, then, she remembered she had been a nurse. She strutted back to a Sanatorium and asked if she might work.

Work! Three hours a day were granted her. Three hours of such shining, golden ecstasy that she could endure the other twenty-one. At last she was earning her "board and keep." She was almost independent. After another year she was permitted to study the old textbooks. Seven years after the date of her hospital diploma she was finally allowed to take "State Board"—not in her own state, to be sure, but in this western state where she had found health and where she would gladly remain.

Some days she was allowed to work six hours—some days more.

Not exactly out of the woods, but one could see the light of the clearing ahead. There were still occasional discouragements. With all the bitter lessons, one had not yet learned wisdom. With renewed strength came a new zest and a new eagerness. It was somehow harder than ever to be patient after the long restraint. One had to live so intensely to make up for the idle years. One ran pell-mell, breathlessly, with salt in one's hand for the bird's tail . . .

Well, then, another last lesson of patience. She went to bed again. But this time it was in the Sanatorium where she had worked for two years. She loved it and felt at home in it. The rolling, silent, sunlit bluffs emanated peace. There was no loneliness to fight this time, because there were many congenial friends. With the best of care, and with the supervision of not only the kindest, but surely the most competent of doctors, she felt that at last she was finishing her cure under pleasant and happy circumstances. She resolved to make sure that it *was* finished this time. The goal was in sight. Relaxed and utterly content, she hopefully watched its approach.

Cleveland's Medical Center

Where Science and Mercy Meet

THE wonderful spirit of Cleveland has again been shown in the Medical Center Campaign which took place in May. The goal of the campaign was $6,000,000, but as usual Cleveland outdid itself, reaching a grand total of $8,000,000. The Medical Center as it now stands, consists of the Western Reserve University Schools of Medicine, Dentistry, Pharmacy and Nursing, the Babies and Children's Hospital, the Maternity Hospital, and the Allen Memorial Medical Library. Funds were recently provided by the General Education Board of New York for a pathological institute and now will be added the new Lakeside Hospital, the nurses' dormitory and the Rainbow Hospital for crippled children, while the campaign also totalled funds for a new School of Nursing building including a new recreation building, and a new Private Hospital building.

Many splendid gifts were given, but the nursing world was especially stirred at Mrs. Chester C. Bolton's gift of $750,000 for the School of Nursing building. Readers of the *Journal* will recall that Mrs. Bolton made the School of Nursing possible with her initial gift of $500,000. The alumnae of the school and their friends have assured for the Alumnae Association a permanent "Endowed Bed."

Notable speakers came from other cities. Dr. Henry Sussallo, former president of the University of Washington, in speaking of the splendid corporate achievements and laudable municipal undertakings of Cleveland said that the Medical Center Campaign represented a degree of foresight and wisdom unparalleled in the history of public welfare in any American city.

Dispensing Silver Nitrate Solution

A Brief Note in Favor of the Wax Ampule

By B. Franklin Royer, M.D.

IT is not generally appreciated by the nursing and medical staffs of maternity hospitals in this country that when Dr. Karl Credé of Leipsic was urging the use of nitrate of silver solution in the eyes of the newborn baby he insisted upon the dropping being done with a glass rod, believing that in this way he could limit the amount of silver solution to a single drop. In Credé's day a two per cent solution was used. Modern research has proven that a one per cent solution gives protection to the baby's eyes.

It was perhaps largely due to copious use of silver solution as well as to its use of greater strength than was actually required for safety that we learned of so much "silver catarrh" a few years ago. In some maternity hospitals and in the practice of some doctors and midwives a bottle of solution with the usual hollow medicine dropper is used for instillation of this important prophylactic in the eyes of the baby. Several grave dangers of this method must be kept in mind: first, chemical change in the solution often exposed to the air and light; second, increased strength of the stock solution by evaporation when the bottle remains unstoppered; third, the use of too much silver solution, the silver itself when used in excessive quantity causing irritation; and, fourth, the danger of scratching the baby's cornea with the tip of the medicine dropper.

Nearly all of the state departments of health of the United States and Canada now supply silver nitrate solution to the practicing physician and midwife, free of cost, in sealed wax ampules each of which contains just enough solution for protecting one eye. A great many of the maternity hospitals admitting medical students for instruction now use sealed wax ampules either furnished by state departments of health or purchased from any one of half a dozen different manufacturers who are prepared to supply ampules of one per cent silver solution in individual packages and no unsatisfactory results fol ow.

The bottle of silver solution should be banished from the lying-in hospital. Fresh ampules of silver, or when something better is produced, such preparation should be used for protection of the vision of every newborn baby.

A Correction

IN the Who's Who Department for May a misleading statement regarding the organization of the School of Nursing at the Chicago State Hospital occurs. Miss Kennedy deeply deplores the error for which she is in no sense to blame, inasmuch as she did not have an opportunity to approve the final copy.

A School of Nursing called the Illinois State Training School of Psychiatric Nursing was established at this hospital years ago by Helen C. Sinclair. Miss Sinclair has spent a long and fruitful lifetime in schools of mental hospitals, a field from which she has only recently retired. She is again doing an original piece of work, however, for she is directing a school of nursing, for nuns only, at St. Mary's Hospital, Cincinnati, Ohio.

Home Hygiene Classes

As Taught in the New York City High Schools

By Lucy Brinkerhoff, M.A., R.N.

HOME Hygiene and Care of the Sick was introduced as a course in the New York City high schools in 1919. At first the work was carried forward under the auspices of the American Red Cross, with Frederika Farley, of the Teaching Centre, as director. In 1923 the Board of Education of New York City adopted the course as a part of the high school curriculum and the Home Hygiene instructors were entered as a unit of the regular high school teaching force. In some cases the course is given independently, in others the instructors are in the Department of Home Economics or of Biology or of Physical Training. The classification is not of fundamental importance, as our work joins conveniently with phases of the subject matter in each one of these. The work is divisionally directed by the Department of Physical Training.

At present the Home Hygiene course is given in seventeen of the thirty-five public high schools of greater New York. Of these thirty-five, a number are boys' high schools. The course is given in all the high schools for girls only, and in all the co-educational high schools where space and kindred circumstances permit. During the semester, February–June, 1927, three thousand high school girls in New York City took this work.

The work is variously placed in the curriculum. Some principals have placed it early, on the theory that all of the many less favored students who leave school after one year, should possess this useful knowledge. Others feel that older girls have a better appreciation of sick room problems, and thus have placed it nearer graduation.

The time allotted is (except in one case) a period of forty-three minutes, twice a week, for a semester, making a total of thirty-eight periods for the course.

It is classed in the schools as "unprepared" work. That is to say, the student is not to be assigned any outside "home work." It is assumed that she will acquire all the information of the course during the time spent in the classroom itself. We, as teachers, have found this to be a sensible and workable arrangement—sensible, because the conscientious high school girl, in New York at least, is a rather overburdened person, with her numerous major regents, and her required courses in music, art, cooking and physical training; workable, because, with thirty-eight hours of time, with mimeographs and notebook for reference, and with classroom demonstration and practice, the girl can really "get" the nursing knowledge we feel she needs.

The instructors in Home Hygiene and Care of the Sick are required to pass an exam nation in their subject, given by the Board of Examiners of the High School. To be eligible for this examination, the nurse must have had the following preparation:

1. Graduation from a recognized school of nursing.
2. Three years' experience as a registered nurse.
3. Two years' experience as a regularly employed teacher in a first-grade high school, or as alternative, a course of psychology and teaching methods in a teacher-training school

with at least a semester's teaching of one group in Home Hygiene in high school.

This standard of requirement was set up by the nursing teachers, who felt that the nurses' training should command the respect of her academic colleagues on the high school faculty.

Three years ago a syllabus was drawn up and agreed upon by the instructors and approved by the Board of Education. The objective in forming this was to meet the special need of our high school girls, so that it differs somewhat from the Red Cross Standard Home Hygiene Course. Hygiene in its various phases is as a rule required as a course for each one of the eight terms spent in high school. These courses cover home and community hygiene, personal hygiene and physiology, first-aid work, mental hygiene, and special personal hygiene preparatory to adult life; dietetics is usually a required course and posture work is a major part of the physical training program; so that the nurses' work is narrowed down to the prevention and care of illness.

The Typical Course

A TYPICAL Home Hygiene course in our high schools takes up bed-making in exhaustive detail, the routine care for personal cleanliness of the patient in bed, sick-room hygiene and equipment, and the problems most commonly met in the sick-room. These problems include constipation, headache, digestive discomfort, the home nurse's part in caring for fever cases, measures of precaution in childhood contagion, feeding the sick. Ordinary sick-room procedures or treatments are taught, as well as the dressing of minor skin lesions. The care of well children as to diet, habits and clothing, and the care of the infant are included. The effort has been to adapt the work to home needs and to stress hospital methods only when these are best.

In most of the high schools the nurses do practical health work also. They assist in physical examinations, give first-aid treatment, supervise the school hospitals. A number teach personal hygiene courses, also. The nurses, individually, do an enormous amount of follow-up work unofficially. Frequently the positive health instruction is given by other members of the faculty. We feel that this can be done without a background of hospital training. But the nurse, with three years of specialized training in illness, finds in the high school a particular field of health instruction which only she can give. That instruction is the advice needed as definite, concrete help by the girl with a present personal health problem. The academic instructor, however capable, is helpless here. So the two types of instruction supplement each other conveniently; the regular instructor may teach general principles of health, the nurse can advise the special case. Where the nurse finds time, she usually does both.

Elinor Norlin, of the Julia Richman High School, has originated a system of constructive health work which is perhaps the nearest to our ideal for this phase of Home Hygiene instruction. It is practical and has been most effective. The Julia Richman has two graduate nurses as instructors on the faculty. Miss Benn and Miss Norlin divide the Home Hygiene teaching and the school hospital work between them, being directors respectively of the two, so that one is always able to be present in the school hospital. Even one nurse working alone, however, will find the method effective. Miss Norlin centres her attention on those girls who report to her for illness. The present condition having

been cared for, the girl's name and illness are registered. Her health condition is noted and recorded in detail, together with all the facts regarding her daily régime and health habits. When necessary, she is referred to a physician who returns his records. The great value of Miss Norlin's work, however, is that the girl is given written directions to follow and is required to report regularly to the school hospital till the conditions which were wrong are corrected. Thus the girl who most needs help (logically the one who reports sick) is caught in the golden net, if the term may be used, and does not escape till her rightful gift of health is returned to her. The cases are complete, returns are immediate and definite.

Constructive Health Work

THE Home Hygiene teacher finds a great field of constructive health work in answering questions. These are varied and come in a constant procession, day after day. She reaches, through them, to where the social or health worker never penetrates, to the confidential family discussion.

Miss B——, my mother wants me to ask you, can a little child ever have rheumatics? The clinic doctor says my sister has them, but mother doesn't believe him.

Information on the connection of tonsils and sinus troubles with rheumatism brings forth this statement:

Well, the doctor *said* to have her tonsils out, but we thought he was wrong. I'll tell mother you said he was right.

Again:

What's the harm in headache powders? Mother has used them for years!

What an opportunity! I find it hard to stop talking at all when I get that question.

This one leads far:

Our baby never cries, but she is so little and never grows. What shall mother feed her?

Or:

Miss B——, see how my face is all broken out, and that sore on my lip!

offering a vermilion lip for inspection. Follows a sermonette on the contact of lipsticks and dollar bills in a purse, and on the very helpful functions of soap and clean towels. Every class brings a train of questions. To serve here, the nurse is advised to memorize a medical encyclopedia. She can use it all!

Questionnaires are interesting things. It is surprising to find out what these girls know and what they do not know. Recently our department gave out a questionnaire on health habits in order to find out what health knowledge the girls most needed. Twenty health habits were touched upon in the questionnaire, and the papers were returned unsigned. The five hundred girls who turned in answers furnished, among other information, the following facts:

Four hundred and twenty brushed the teeth regularly, fifty sometimes, thirty never.

Four hundred and ninety slept with windows at least half-way up.

Three hundred and twenty slept eight hours or more. Of the others, all but one sat up late. The one, whoever she was, rose at the uncanny hour of three-thirty.

Forty took cake and coffee for breakfast; twenty-eight enjoyed pie at that meal. The average time spent in eating breakfast was ten minutes. Thirty ate none.

Milk and fruit totalled up precisely the same as candy and ice-cream soda for mid-afternoon lunch.

Only twenty of the five hundred attended movies on school nights.

The average water-drinking was four glasses a day, though one enthusiast drank twelve and another ten.

Those who did not get proper outdoor exercise were reading stories, practising piano, or—doleful statement—doing housework.

Clubs are maintained in some of the Home Hygiene departments in order to assist the girl who is interested in nursing as a profession. In our school

they call themselves the Florence Nightingale Reserves. When we visit hospitals, baskets of toys and fruit or flowers are often carried along for the patients. It is worth noting that the girls have been treated with most marked kindness and courtesy by the nurses. The girls seem to look upon these nurses with a sort of reverence and some one of them always remarks of the nurse who shows us about: "Oh, if I could only be like her!" They usually decide upon leaving each hospital that that special one is the best of all. They are advised to wait until graduation before deciding and to consider the matter very carefully. The profession is presented, not as one of pleasure or profit, but as a very difficult one, requiring skill and work and sacrifice, rewarded by the satisfaction found in high and worthy service. Contrary to popular literature, youth still rises to such a call, and every term some of these girls enter training. Programs are given twice a month, at which representative nurses address the girls or where fun is the feature of the hour. Refreshments are a popular part of all programs. The girls have their own club china and are skilled in dainty service. Special guests are usually invited. One program was especially for mothers, another for faculty members.

A Nurse in Every Home

A SLOGAN used by the American Red Cross, Home Hygiene Division, "A Nurse in Every Home," suggested finding out how much our work is actually used at home. A five-minute questionnaire, given to four hundred girls and returned unsigned, proved that these students had used their knowledge five hundred and fifty times during the term. The care of colds (prevention or bedside nursing), led with one hundred instances; the dressing of burns and cuts came next, with seventy-two; and the third was the treatment of headaches without medicine, with a count of fifty-six.

Following are quotations:

"About a week ago mother received a burn with a blister. Mother immediately applied the dressing which I had learned and her hand was immediately relieved."

(We do not teach *spelling* as a part of the Home Hygiene course, though we strive to assist in that great work.)

"One rainy day my father had a chill and I stoped it with a hot blanket and hot drinks before the doctor got there."

"My sister had a cold. I took her temperature, examined her throat, put her to bed and gave her hot lemonade and a cathartic. I also burned my finger making butter scotch and I put a paste of baking soda on it. My sister wanted to give me a cathartic at the wrong time and I told her not to. I have a cold now and take care not to sneese or cough in anyone's face."

"I taught my grandmother how to keep warm on going to bed. I also fixed up our medicine chest."

Many were brief:

"Used mustard paste on friend with cold."

"I now turn over mattress twice a week."

"Dressed cuts and bruises of my brother." (Had he been fighting?)

"Gargled my throat with normal salt solution."

"I showed mother how to make a bed. She uses the method now."

"My little sister two years old is eating the menu you gave us. I think she is a little fatter."

"Mother was very grateful for the copy of 'Directions for the Care of a Sick Child.'"

"Mother is very interested in calories. The other day I told her all I had learned concerning them. I gave her a few points on sick diet, and she in return gave me a few points."

So it appears that all knowledge is not concealed beneath a nurse's cap!

The following is short and humble, but worthy:

"I now make a bed with better results."

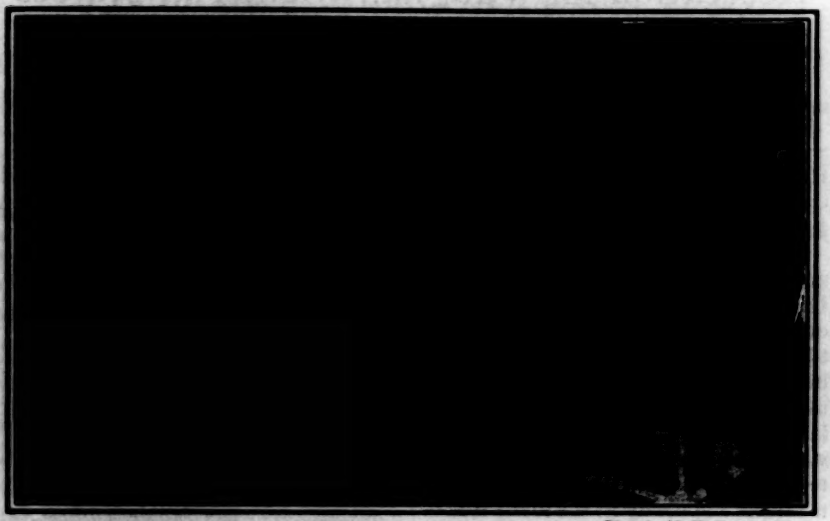


Photo by N. Y. Evening World

A Lesson in the Dressing of Burns and Cuts

This one is frank and cheerful:

"I had no occasion for Home Nursing yet, because all the people I know are fortunately well, including myself."

Our work has its "ups" and its "downs." High school teachers are usually persons well worth acquaintance and pleasant withal and the high school environment is continuously interesting. Sometimes when the students are nervous over Regents or weary with much study and the subjects we consider are very "sick" ones, we go forward in a slough of deep despond. At other times, when a plump, rosy cheeked "patient" lies smiling cheerfully upon her classmates from the practice bed, and the eager questions fly thick and fast, we are on the "top o' the world."

However, one looks at the total value for public health and not at the incident of the day, and to us who teach Home Hygiene, it seems worth while.

Vocational Publicity in Cleveland

FOR the past five years the Welfare Department of the City Hospital has offered to ten of the high schools of Cleveland through the Committee for Nursing Education of the Cleveland Nursing Center the opportunity of a $300 scholarship for one of their girl graduates to enter the City Hospital School of Nursing.

The Committee on Nursing Education has, since 1921, maintained a central office at the Cleveland Nursing Center, 2157 Euclid Avenue, for the purpose of giving information. Its aim is to interest and aid all young women interested in nursing and to enlist the sympathy of the public along the lines of nursing education. The coöperation each year with the Y. W. C. A. "Find Yourself" campaign in the high schools is always one of the interesting features of the work.

The splendid coöperation of the high schools under the vocational guidance departments has always proven of the greatest possible benefit in swelling the ranks of the Cleveland schools of nursing.

Recreation for Vaughan Memorial Nurses

By Ruth Davis, R.N.

ALL the year round recreation is available for students and graduates of the Vaughan Memorial Hospital, Selma, Alabama, through the thoughtful provision of a clubhouse.

The plot of ground for our clubhouse and swimming pool was donated by Dr. F. G. DuBose, and he and the other members of the staff contributed to the building fund and had the clubhouse erected and the swimming pool made. The pool, which is virtually a lake is fed by two overflowing wells, which keep the water nice and fresh all the time, constantly changing by the means of a spillway at the lower side of the lake.

The clubhouse consists of one large main room, with two small dressing rooms and a large inclosed veranda. The main room is used as a living room and winter dining room; the veranda is used for a dining room in warm weather. We have ample room and equipment for entertaining and serving fifty people at dancing, card or other parties. Collapsible army cots and hammocks provide sleeping accommodations for spend-the-night parties, porch swings and out-of-door furniture. A family of negro tenants on an adjoining farm act as caretakers, and are called in on occasion to serve in the capacity of cook, maid and protectors.

Vaughan Memorial Nurses' Club

An Urgent Request from Florida

MARY G. FRASER, President of District 5, with headquarters at Miami, asks that the following request may be made through the *Journal* pages:

"Due to the fact that we are having hundreds of letters from nurses throughout the United States inquiring about the nursing situation in Miami, we will appreciate having a notice published stating that, following the hurricane, Miami has suffered a financial depression, and families previously in a position to employ trained nurses in the homes and in hospitals are now dispensing with their services, as they are unable to pay for special nurses.

"It is earnestly requested that all nurses interested in coming to Miami correspond with the registrar of the Nurses' Official Registry, Mrs. Arrie Allen Lambert, 1264 N. W. 31st Street, so that she may advise them as to the possibility of securing work in that community."

Preliminary Studies of Private Duty

By May Ayres Burgess, Ph.D.

At the meeting of the National League of Nursing Education at San Francisco, June 6–10, Dr. Burgess presented a series of splendid charts showing some of the material that has been obtained through the wonderful coöperation of nurses and doctors in ten states and compiled by the Grading Committee. The following excerpts are from her discussion of the charts:

I. Group Nursing

We asked the superintendents of nurses: "In your hospital, how many patients does a student nurse take care of *when the patients are in separate rooms?*" The returns from the 417 superintendents who have so far answered the question show that in most training schools it is customary for student nurses to care for three or four patients at a time, when the patients are in separate rooms. In several cases superintendents added notes in the margin, saying: "Of course this is for the ordinary run of patients. If the patient is desperately ill we assign one or more nurses on full time to take care of him, and, on the other hand, if we happen to have many convalescents, a single nurse may be able to care for seven or eight. The number of separate patients a student can really care for depends upon how sick the patients are."

Now we did not mention the words "group nursing," but that is what this really means. The fact apparently is that in most of the hospitals in this country group nursing—where nurses take care of three or four private room patients at a time—is the accepted practice.

Group nursing, as it is now being done, is in fact a form of highly supervised, carefully administered general duty nursing, for private patients. I am inclined to think that group nursing will always succeed, whether it is done by student nurses or by graduate nurses, if certain conditions are met. These are:

(a) The nurses are regular members of the staff—not brought in from day to day on a temporary basis—but full time employees.

(b) There are enough nurses on the staff so that it will be possible to give adequate nursing care to every patient. Group nursing fails where there are not enough people to handle it comfortably.

(c) Every nurse is on an annual salary, working an eight hour day and a forty hour week, and with a regular annual vacation on pay.

(d) Every nurse is under the most careful kind of friendly and constructive supervision. Where group nursing is not carefully controlled, troubles are sure to arise, and where the supervision is not intelligent and friendly, the patient eventually suffers.

(e) Where the decision as to how many patients each nurse cares for is made, not by the patient but by the superintendent of nurses, in consultation with the patient's physician.

(f) Where the patient pays for his nursing service directly to the hospital, and where there is no discussion of payment between the patient and the nurse. If the patient knows in advance that he is buying one-third of a nurse's time, he is almost sure to criticise the care he receives. Where, however, he knows only that he is paying for nursing care, with no number of hours specified, he is more readily satisfied.

II. The Modernized Registry

The material which is coming in to the Grading Committee is beginning to furnish some evidence to suggest that compared with public health and institutional nurses, the private duty nurse works unreasonably long hours, receives an irregular and inadequate income, is a lone worker wofully lacking in constructive leadership, and has neither the incentive

nor the opportunity for professional growth.

But that isn't the whole of the story. As we said at the beginning, there are two steps in every reform movement. The first is to find out what the facts are. The charts are the evidence to show, not just that things in general are wrong, but what it is that is wrong—where the trouble actually lies. They furnish some of the material we are going to need in our thinking. The first step in reform is to find what is wrong. That is primarily the statistician's job. The second is to decide what to do about it. That is primarily the nurse's job. *Any lasting reforms in the nursing field will have to be put through by the nurses themselves.*

Reforms do not come through miracles. Somebody has to work for them. Moreover, good things aren't brought about just by hating what is bad. Administrative reforms come through finding out what is wrong; getting groups of the workers together; talking over possible solutions; and then trying them out, one after another, until some experiments are found which work.

If private duty nurses will get together, work together, and join in experimenting with the different solutions which are now being urged, they can remake their jobs; and the process will be rapid. Moreover, if in their talking and thinking and experimenting, they keep the sick-in-bed patient steadfastly in mind, and work to help the patient as well as to help themselves, they will before long discover that the medical profession—or the intelligent main body of it, at least—is willing to help. Doctors already are talking about hourly nursing, group nursing, and registries. It will not take long, if the nurses really want medical coöperation, to secure it, and secure it heartily.

Probably, if the private duty nurses want to save time and do an efficient job, they will be wise to call upon the medical and institutional and public health fields for help and advice. Most of the reforms which private duty nurses want are already matters of course in institutional and in public health nursing. What institutional and public health nurses have, private duty nurses can almost surely get, if they want them enough to pay the price. There always is a price, of course. You can't get any reform without paying for it. The big advantage which private duty now has is its personal independence of action. The big problem for private duty nurses is how much of this cherished independence of action are they willing to give up, in order to get the other things they want.

And now, since we are thinking of the future, let us allow our imaginations to run riot for a few minutes, and let us compare private duty as it is now organized with the way it might be if it adopted the standards almost universally accepted for other professional women and already largely accepted in other branches of the nursing profession. Suppose that the job of private duty nursing were run as other professions are more and more tending to run their jobs.

Then we should see private duty nurses joined together in centrally organised groups under intelligent and friendly leadership. The calls for private duty would be received by the central organisations, and the assignments of work would be given out according to the strength and capacity of the members. All nurses would be on annual salaries. They would be carefully selected for their jobs on the basis of whether or not they were competent to take adequate bedside care of sick patients. They would work eight hours at a stretch.

The headquarters office would be open day and night, year in and year out. Hard jobs and easy, long and short, day and night, city

and country, would be equitably distributed among the members of the staff, so that each nurse would carry her fair share, and *no patient would be sacrificed*. Nurses and jobs would be fitted together so that except for special emergencies, each nurse would be sent out on the job she could best do, and the inexperienced nurse or the less skillful nurse would get the simpler jobs, while the especially experienced or most skillful nurse would have the satisfaction of being called upon for those jobs which demand the highest degrees of nursing ability. Courses, clinics, and demonstrations would be planned every year so that nurses who had failed to have certain types of training while they were still in school, or who were rusty in their technic, could bring themselves up to date and so make themselves more valuable to the organization. As each nurse thus became more experienced and more valuable, her annual pay would be increased and her nursing assignments would be correspondingly more important.

Attached to each central group would be an Advisory Board of nurses and doctors and patients. They would not interfere with the details of administration, but they would help in formulating policies. Some nurses want to leave the doctors out. They are so afraid of them, and they distrust them so badly that they want to prevent them from having any power over nurses. That seems rather a short sighted policy. Nurses and doctors have to work together. They already are working beautifully together as individuals. Neither can do his job without the other, and the sooner they learn to work together in groups, on a professional basis, following the rules of good sportsmanship, the better.

The best way to get understanding and coöperation from patients and from doctors is to put them on the Advisory Boards and then make them work!

If such a central group of nurses could be adequately organized and established, one would then have something like the professional organizations of women outside. Nurses would be working under conditions similar to those which all the rest of us take for granted. They would work together in a professional atmosphere; they could discuss the problems of their cases with their group leaders and with other members of the staff. When they did especially good jobs of nursing, there would be some intelligent person who knew what that work had implied and who could give the professional appreciation which all of us need. And when the Grading Committee next asked the question "Do you plan to stay indefinitely in private duty?" the answer would be a definite and unqualified "Yes!"

LET us never consider ourselves as finished nurses. It takes five years to make a good Ward Sister (head nurse). We must be learning all our lives.—FLORENCE NIGHTINGALE.

To Detect Sewage Pollution in Well Water

THE following method, outlined by the Division of Sanitation in response to an inquiry, will be found useful by health officials, as well as by private parties, in detecting the presence of sewage pollution in wells and other small bodies of water used for drinking purposes.

"Uranine B," also known as fluorescin, is utilized by placing one to two teaspoonfuls of the powder in a toilet or other plumbing fixture draining to a cesspool, septic tank or sewer, the overflow or seepage from which is to be traced. Most of this dye is not removed by natural filtration through the soil so that it persists in seepage for a considerable distance. It imparts a light green color to water when present in small quantities, and this green color can usually be detected. Experience has shown that the placing of this amount of powder in a toilet, followed by repeated flushing of the toilet, will sufficiently color the contents of cesspools so that any overflow or seepage into a well near by can be readily ascertained by the color of the well water.

If it is impossible to obtain this dye from local druggists, it may be obtained through any large chemical supply house.—*Health News*, New York State Department of Health, 1926.

Hydrotherapy in the Mental Hospital

By L. D. Hubbard, M.D.

Of all the types of treatment that have been used with greater or less success in the course of the evolution of modern psychiatry, hydrotherapy, ergotherapy and psychotherapy have become the most generally accepted, and of these three, hydrotherapy is the most universally applicable to the cases requiring care in the mental hospital. Perhaps because water is so common and so easily obtainable, it has been regarded more or less contemptuously as a therapeutic agent until recent years. Now, however, every modern mental hospital has its more or less elaborately equipped hydrotherapeutic plants, designed to give the patient the benefit of water applied externally by a number of scientific methods. Long years of careful study and investigation have resulted in the various standard treatments which are carried out with minor differences in all hospitals.

The most commonly used forms of hydrotherapy are packs, showers, needle sprays, Scotch douches, sitz baths and continuous baths. Each has its particular advantages in different types of cases. To be of greatest benefit, the treatment should be enjoyable to the patient and it seldom happens that a patient does not experience pleasure and relief from hydrotherapy after he once gets used to it, though the dread of a new experience may make him resistive at first.

The continuous bath is a form of treatment not so far removed from the habits of every day life. The tub is specially constructed so that there is a steady inflow and outflow of water the temperature of which is regulated before it enters the tub. A canvas hammock is arranged on a metal frame in the tub so that the patient may be comfortably supported, lying at full length with his head on a rubber pillow. The water covers the body up to the chin and is kept at a temperature of 97 to 99 degrees Fahrenheit, or approximately body temperature. A sheet is laid loosely over the patient but no effort is made to restrain his movements so that he may relax, stretch and rest himself in the most comfortable position. In some hospitals, especially in Germany, patients suffering from excitements remain in continuous bath for days or even weeks at a time, sleeping and eating there; in other hospitals the time is limited to one or two hours each day. Conditions of tenseness are relaxed and restlessness relieved by the soothing action of the warm water and it is perhaps the most immediately appreciated of all the forms of hydrotherapy. Wholly apart from its sedative action, the prolonged immersion in warm water keeps the skin in excellent condition and is invaluable in preventing the abrasions and bed sores so greatly to be feared in violently excited or bedfast patients.

Packs are of two kinds, dry and wet, of which, of course, only the latter belong strictly in the realm of hydrotherapy. A word may be said, however, about the dry pack. It is a form of treatment valuable in the care of excited patients when wet packs are for one reason or another inadvisable. The patient is wrapped snugly from head to foot in several layers of blankets and allowed to remain so for an hour or more as his condition indicates. It is of value in curbing the activities of excited patients to an extent sufficient to allow them to get some rest and it often happens that the enforced

quiet gives them a much needed opportunity to go to sleep. It hampers the patient's movements but does not prevent him from turning over and moving himself into comfortable positions. The circulation is changed because the blood is brought to the surface and a healthy perspiration is induced. A shower bath is given after the pack to equalize the circulation and remove the waste products deposited on the skin by the activity of the sweat glands.

Wet packs are of two kinds, hot and cold. The patient is wrapped first in sheets wrung out of hot or cold water and tucked around the extremities so that the body surfaces are not in contact with each other. Two layers of blankets are then folded over securely and tucked in around the neck and feet so that no drafts can reach the body. A cold towel is laid across the forehead. In the cold pack the first contact of the skin with the cold sheets acts as a tonic to the circulatory system much as in the case of a cold plunge although it is not so severe. Reaction sets in at once and the patient experiences a warm and comforting glow which often induces sleep. In the warm pack the tonic effect is absent and the result is merely sedative. Forty-five minutes to an hour is the usual duration of these packs, and the patient comes out warm and quiet, receiving a brief shower before dressing, as in the case of the dry pack. Patients often dread the idea of lying down on the cold wet sheets but one experience of a cold wet pack is usually enough to convince them of their value and they often request packs when excited or unable to sleep. One patient who could not go to sleep carried her bed sheets to the bathroom, soaked them, and then tried to give herself a cold pack by rolling up in them on her bed.

Shower baths and needle sprays are used in a great variety of combinations of duration and temperature. The principle underlying their use is the effect on the circulation and the nervous system. Not only the temperature of the water but the impact of the countless tiny jets striking the skin help to tone up the surface blood vessels and stimulate the peripheral nerves. Nothing does so much for a circulation rendered sluggish by inactivity and depression as the dilation and contraction of the surface vessels, drawing the blood from the internal organs and returning it to them in increased volume. It has the advantage of being mild but powerful and can be borne well by patients who are too feeble or ill to undergo more drastic treatment.

The Scotch douche also combines the effect of temperature and pressure. The variations of technic are numerous but the basis of this type of treatment is the action of a high-pressured stream of alternating hot and cold water upon the spinal nerves. It is usually combined with the needle spray or shower or both and is stimulating.

The sitz bath is more specific in its action and is not so universally valuable. A tub, shaped somewhat like a deeply hollowed chair, is equipped with an arrangement for continuously flowing water. The temperature of the bath is somewhat above body heat and its duration is at the discretion of the physician. The patient sits in water which covers the pelvis. The effect is relaxing and it gives beneficial results in cases of tension and irritation involving the pelvic organs, and is valuable in the treatment of the inflammatory conditions which so often result.

Many forms of steam and light baths are often included in hydrotherapeutic

plants as well as devices which make use of variations of the temperature and pressure principles. The basic requirements of hydrotherapy, however, are met by the simple treatments outlined above.

There are very few patients admitted to mental hospitals who would not derive benefit from some form of hydrotherapy and the types of treatment are so numerous that there is a kind to fit every need. The various treatments in use today have not been hit upon by accident and are not prescribed by rote. Years of research into the physiological effect of the different methods of application have resulted in carefully prepared formulas calling for a certain number of seconds at a certain temperature and a certain number of pounds pressure. On the basis of these formulas the hospital physician prescribes hydrotherapeutic treatment with as much care as he would prescribe drugs and only after he is thoroughly acquainted with the patient's physical and mental condition.

The use of hydrotherapy has enabled the mental hospital to do away almost entirely with mechanical restraint. A patient may be just as quiet wrapped in blankets as he would be if he were laced into a strait jacket but he is vastly more comfortable and his quietness has been induced from within himself instead of being forced upon him from without. Furthermore he soon learns from experience that if he really wishes to, he can extricate himself very quickly from his blankets, and therefore he does not have the feeling of impotent rage that is so often felt in restraint from which the patient knows he cannot free himself.

Some idea of the extensive use of hydrotherapy may be gained from a few facts about the hydrotherapeutic department of one of the most modern mental hospitals of this country. Two large hydrotherapeutic plants are available for a service of 1150 women. Both plants are busy giving treatments from 8.30 to 3.30, six days in the week. About 150 women receive between four and five thousand treatments every month. Some of these treatments, of course, are given on the ward at hours when the treatment room is not open. The majority of patients enjoy their treatments and are benefited by them. In the rare instances where the patient continues to object after he has become accustomed to it, or if it is noted that he does not show favorable results, the treatment is changed or discontinued. As with treatment in physical diseases, hydrotherapy is not necessarily a part of the patient's routine from the beginning to the end of his illness. It is of most value in the acute stages and in acute exacerbations during the chronic stages. So greatly is hydrotherapy appreciated by patients who have recovered with its help that they often return to the hospital years after discharge to ask for treatments to help them through some period of strain or fatigue.

Conclusions on Cancer Mortality

1. There has been a pronounced increase in the observed death rate from cancer in persons forty years and over in that part of the United States known as the ten original registration states.

2. Part of this increase (about 30 per cent) is due to greater precision and accuracy in the filling out of death returns.

3. The remainder, however, is an actual increase in the mortality, resulting in a death rate between 25 and 30 per cent higher than it was twenty-one years ago.—J. W. Schereschewsky, *U. S. Public Health Report, 1926.*

The Pellagra Problem[1]

I

By E. Blanche Sterling, M.D.

"I HAVE no cow and no milk in the house." Von Rosen, more than a quarter of a century ago, found the Bessarabian victim of pellagra making this reply to any question regarding his ailment. He is probably giving the same answer today. "N'am vaca, n'am lapte a casa"—"I have no cow and no milk in the house." Not science, but experience taught the Bessarabian peasant that there was some antagonism between a cow and pellagra. The coming of the cow usually meant the passing of pellagra. It is only recently that Goldberger, of the United States Public Health Service, has demonstrated scientifically the reason of this antagonism. Fresh meat and milk, the cow's offerings to our larder, both contain the pellagra-preventive vitamin P-P.

Pellagra (rough skin) is the curious disease with the bilateral skin lesions. It is worthy of note, however, that in spite of its name, there are cases of pellagra without any skin eruption whatever. The other manifestations of the disease, the non-cutaneous features, are of far graver import than the skin eruption. If the latter were all, none of us would very much mind being a pellagrin. But when there is added the gastro-intestinal disturbances, the changes in the nervous system, the weakness and depression, the mental confusion, dullness, and anxiety, the disease takes on a very serious aspect. Unfortunately, one attack does not confer immunity. A person who has had pellagra once and is again exposed to conditions favorable to its development is more apt to have a second attack than if he had never suffered from the disease. The nervous system is left in worse condition after each successive attack.

Though pellagra may occur in all parts of the country and the problem is a national one, probably about eighty per cent of the disease in this country occurs in the South, and the brunt of the affliction falls upon women. Among adults between twenty and fifty-four years of age there are many times as many pellagrous women as men, and almost three times as many women as men die of the disease. It is this feature of the disease which makes pellagra a peculiar menace to the home and family. Just at the child-bearing and "mothering" age, when a woman's strength and vigor are most needed for the welfare and happiness of both herself and her family, these women are physically unfit a large part of the time.

With few exceptions, children under two years of age rarely have pellagra. In older children it is not at all uncommon. Of seventy-nine children between five and nine years of age in seven cotton-mill villages in the South, it was found that 39.2 per cent were pellagrins. Occasionally a nursing infant has the disease.

The people who know most about pellagra, though they differ on some points, are practically agreed that the diet is a tremendously important factor in its production. The evidence is in favor of its being the essential factor, that a man is a pellagrin because of the food he eats. Contrariwise, he may cease to be a pellagrin because of the food he eats. In other

[1] Approved for publication by the Surgeon General, U. S. Public Health Service.

words, while there is no known drug that will cure the disease, many a pellagrin has been cured by a change of diet.

Owing to the brilliant work of Goldberger and his associates we know that a diet containing a liberal supply of milk and some lean meat will prevent or cure pellagra. This is undoubtedly due to the fact that P-P, Goldberger's pellagra-preventive factor, is present in milk and lean meat. This is only the beginning of our knowledge of the distribution of this vitamin in our foodstuffs. The P-P factor is also present in brewers' yeast, but Goldberger points out that in all but the severe cases of pellagra careful feeding is all that is required. Our present knowledge teaches us that one can live and thrive and be free of pellagra on a balanced diet, containing plenty of milk and some lean meat.

For practical purposes, therefore, the diet is the significant factor in the pellagra problem, and the live stock raiser is the pellagrin's best friend. Every pen of cattle is a P-P reservoir of prevention and cure. Roussel, more than fifty years ago, stated that the real treatment of pellagra is a milk diet, and today Goldberger and the biological chemists are proclaiming its virtues in no uncertain tones. And the Bessarabian pellagrin points to his rough skin with the simple statement "N'am vaca, n'am lapte a casa"—"I have no cow and no milk in the house." There is no conclusive evidence that sanitation has much to do with pellagra, except perhaps in a very general way. If the food is right, it seems to make no difference whether the street was swept and sprinkled last night or last month. If the food is wrong, one locality is little better than another. Cases of pellagra have been found in the mountains of North Carolina at an altitude of three thousand feet and higher.

In any section where the disease is endemic, it is practically certain that there are more cases than appear in the record of the health department or are known to physicians. A house to house canvass is the only way to find out just how many pellagrins there are in any community. This is because many of these cases wearily drag along dully accepting their affliction, and never consulting a physician. The doctors cannot be blamed for failing to report cases which do not come to their attention. This explains the fact that Chambers of Commerce and "representative citizens" do not understand all this talk about pellagra. Their State Boards of Health have records of only a few cases. Where *are* all these pellagrins? The state which can employ an expert to go into each endemic center within its border, and get in touch with the people themselves will soon find out. And such an investigator will probably find, as others have found before, that the number of cases of pellagra declines as the milk supply of the households increases. In certain villages studied by experts of the United States Public Health Service a few years ago, the incidence of pellagra among households owning a cow was less than three per cent as against nearly ten per cent in those families having no cow. The disease was relatively rare among households having a liberal supply of milk. It is a matter of history that an increase is apt to follow a period of financial depression. As income goes down, the prevalence of pellagra goes up. It is not that the people are actually hungry. They probably have all the food they want, of a certain kind. Unfortunately, it is not the kind which prevents pellagra. Many people in certain sections of the South live in season chiefly on a restricted vegetable diet, in which wheat

and corn products are prominent, and green vegetables are comparatively scarce. Milk and fresh meat are used very little.

With the late winter the dearth of fresh foods brings many people into the danger zone. Green vegetables and fruits are scarce, and the fresh meat, slaughtered in the fall and early winter has been used up. With no fresh lean meat the one foodstuff that holds out the largest promise of saving these people is milk. With neither milk nor fresh meat, the late spring usually brings its increase of pellagra. If a man cannot have his own cow and garden, he can buy the products of somebody else's stock and garden, provided he has money enough and the foods are available. But if money is scarce and suitable food is hard to get, it is easier to become a pellagrin than not. That is what thousands are doing, going the easy way into pellagra. It would seem to be the duty of some one to find a way to make it easier *not* to become a pellagrin. It is a matter of vital importance that the people, particularly the women of the South, be taught what a pellagra-preventing diet consists of.

Probably few women know *why* they have the disease. Over in Eastern Europe the Bessarabian peasant excuses his pellagrous condition by saying "I have no cow and no milk in the house." Is it not time our women were taught what the Bessarabian peasant has known for a quarter of a century? This information should be given especially to the women, the housewives, not only because they are the chief sufferers, but also because they usually plan the diet for the family. Particularly should they be taught the value of milk and fresh, lean meat. These two food stuffs will cover a multitude of dietary sins.

The United States Department of Agriculture in its extension work, sends out a number of home demonstration agents. In 1920 a number of these women succeeded in influencing the purchase of 3,023 cows in fifteen Southern states. The greater number of these cows were placed on farms where there had been none before. At least 19,521 families used more milk as a result of the work of these agents. In 1,117 rural schools 31,417 children were served milk with their noon lunch. This is education in its most practical form.

II

By Lucy Minnigerode, R.N.

IN 1911 Congress authorized an appropriation fund for the study of pellagra, and it was my good fortune to be at that time Superintendent of Nurses in the City Hospital at Savannah, Georgia, where the headquarters for this investigation was established. The City Hospital was selected as the place where the pellagrous white women would be cared for under contract with the government. The work was being conducted by the United States Public Health Service, and the men patients were cared for at the Marine Hospital in Savannah. At that time little was known about pellagra, except that it had been known to the medical profession for many years, and up to that time no remedial measures had been effective.

The method of transmission was not known. There was a theory that improper diet was a vital factor, and many theories were prevalent about this. Mouldy cornmeal as the cause of the disease was the most generally

accepted idea, and many field workers were convinced that it was a communicable disease.

What was known was that women were more generally the victims than men, that the white race was more susceptible than the negro, that the disease was prevalent all through the South, particularly in the Carolinas and Georgia, that it was a great economic handicap, and that it was probably caused by a faulty diet. This last theory has been conclusively proven and the remedy discovered through the research studies conducted by Dr. Goldberger of the Public Health Service.

He has proven that pellagra is a disease of nutrition. Faulty diet, deficiency in certain life-giving vitamins, will cause pellagra in rich and poor alike. The patients at the Savannah Hospital were from all classes of society and in all stages of disease, from the first stage with the digestive disturbances through the nervous and mental stage to cachexia and death. The erythema is symptomatic and will heal of itself if left alone. Some of our patients looked for it regularly every Spring. It appears on the skin surfaces exposed to the sun; hands and arms, back of neck, face, feet and legs. It is of two varieties; the scaly dry kind and the kind which looks like blisters from bad burns.

In the second state the nervous and mental symptoms in our patients were often very marked. They seemed, and were, like advanced mental cases. In the last stage there was excessive emaciation and weakness, pus exuded from all mucous membranes, and death was the only solution.

Naturally the majority of the cases were from among the poorer classes, the country people whose diet was necessarily limited to the foods they could procure in isolated districts. One patient told me she was now convinced that her mother had died of pellagra. They thought it was erysipelas, but she remembered that each Spring the attacks came on. Since she had learned more about it and was herself a victim of the disease she recognized that her mother had it for many years.

Since Dr. Goldberger's findings have been published there is now no necessity for anyone to have pellagra who has the means to purchase a well-balanced diet. Milk and eggs, green vegetables and fruits with avoidance of starchy food and monotony in diet are necessary. For those who are unable to keep cows and chickens and cannot afford to buy milk and eggs, the addition of brewers' yeast to the food serves the purpose, since the necessary vitamins are found in yeast.

Public health nurses and nutritional workers in those sections of the country where pellagra is prevalent can perform a great work in instructing the people of the community in the principles of a properly balanced ration as a means of eradication of this disease.

It has been such a tragedy in so many families, and the cure is so simple when known. Campaigns for pellagra eradication similar to those for child hygiene, tuberculosis and other health measures would bear fruit one hundredfold. Appropriations to carry on the work from federal and state governments are necessary in order to help those who are unable to help themselves. Educational campaigns will do much, but funds must be made available for a part of the people.

Pellagra and hookworm are two great health handicaps in the South. Both are preventable. Are we going to try to prevent them?

Another Semi-Centennial

Hartford Hospital School of Nursing Semi-Centennial

By Winifred Hardiman, R.N. '95

THE Semi-Centennial of the Hartford Hospital Training School was held May 31 to June 3 and 550 nurses registered. The only surviving member of the first graduating class was unable to be present, but the class was represented by Elizabeth Loomis, who had not been graduated because of illness. Three-minute reports from class chairmen proved most enlightening and humorous, giving a concrete picture of the old days, and of new ways. Interesting migrations to other fields had occurred, for there were mothers, doctors, ministers, teachers, real estate operators, sheriffs, farmers and hairdressers. Among the types of nursing listed were: Social service, institutional, boarding school, industrial, visiting, navy, tuberculosis, anesthetizing, private duty, secretarial, instructing and dental clinics. By far the greatest number of the alumnae who registered are home makers. Fourteen states were represented as well as Canada and the Provinces.

Banner Day

JUNE 1, Dr. Phineas H. Ingalls, representing the Training School Committee, related instances humorous and tragic during his reign of forty years. Two short plays were presented by the Dramatic Club. We have always heard that nurses had to be good actresses—now we know it.

The outstanding feature of the celebration was held at the Central Baptist Church in the evening. To a triumphal march the procession of nurses entered, each arrayed in a replica of the uniform in which she graduated. Each class was preceded by its chairman carrying a banner, a facsimile of the School Pin, in colors blue and gold with numerals of each class represented, 1883 being first.

The sombre black uniform, topped by soft muslin cap, appeared first. Next class, any color the student preferred; lavender, white and blue prevailed. White kerchiefs and caps completed this uniform. Then came the blue and white stripe with full skirt, tight-fitting bodice and leg-of-mutton sleeves! Then a change in color arrived, the lavender and white stripe, the prettiest uniform of all. The war robbed us of that color owing to the instability of dyes. Last came the spotless white with many variations of style. Finally, the Training School in the blue of the present ended the march. What a picture, with its lovely coloring, representing over forty classes.

As the last member was seated, the Glee Club sang the school hymn. Dr. Ingalls acted as toastmaster. Martha J. Wilkinson related the school history. Ida Butler, class of 1901, assistant to the director of the Red Cross Nursing Service, gave reminiscences of her association with the school and hospital. The third speaker was Rev. Dr. Melancthon Jacobus, dean of the Hartford Theological Seminary, whose topic, "The Present Task," brought out the importance of preparation for leadership.

Presentation of Banners

SUDDENLY was heard a trumpet call, and lo! down the aisle came four members of the alumnae in snowy white, the first two bearing long staffs and followed by four students in

uniforms of blue. Slowly from the platform descended Rachael McConnell, the principal, and Laura Brownell, our president, meeting at the foot of the chancel the on-coming nurses. Another trumpet call, the call to colors, and facing that vast audience the color bearers slowly turned the staffs and unfurled the glorious flag of our country and the school banner, a replica of the school pin shaped like a shield with caduceus embossed in gold on a blue background.

The flag was presented to Miss McConnell in the following words:

> We present to you for the school from the Alumnae Association these two flags. The flag of our country—may you ever be loyal to answer its call of need—and the flag of our school—may you be ever faithful to minister its training to sickness and pain.

In accepting them, Miss McConnell said:

> In the name of the school I thank you for these beautiful flags, and for the school I accept them. They shall never be furled, but be ever present with us to remind us that there is no higher loyalty to our country than to serve its need, and no greater fidelity to our school than to serve others with what it has given us.

As the last note of the "Star Spangled Banner" faded away the colors advanced and the processional passed through the portals.

Graduation and the Banquet

THURSDAY was given over to graduation exercises, a reception and dance. Dr. C. E. A. Winslow, professor of public health at Yale University, was the principal speaker; his topic, "The Nurse and the Community." The following day 419 were present at the banquet. Never in the school's history has it been equaled and such a spirit manifested itself.

Song leaders were everywhere. The fun began when the class of 1926 announced that it would pledge $500 for the free room fund. Then came checks or pledges for $600, for $500, for $100, and so on they came, until nearly $5,000 was totaled. The graduating class covered itself with glory, for it had earned $100 for the Lauder Sutherland Memorial Loan Fund, $100 for the free room fund, and pledged $1,000 additional for the latter fund. The school has the habit of giving, for during the past year it has earned $500 for a scholarship to be used for further education and on condition that the student receiving it shall return to the hospital to serve for one year, with remuneration of course.

It's over, but what a grand and glorious feeling to renew old acquaintances and contract new ones. The "Semi" was a huge success.

The High Cost of Children

IT costs about $6,150 to bring up one child from, and including, birth to the age of 18, according to the Metropolitan Life Insurance Company, which is making a series of studies on "the value of man" based on the approximate expenditures during the non-productive life.

This total is reached by adding to the initial "cost of being born," estimated at $250, the sums of $2,500 for food; $1,620 for rent, reckoning the share of the child as one-sixth of the total so expended; $300 for fuel and light; $351 for furniture and household maintenance; $144 for first cost of installation of the home; and for clothing, $912 for a boy and $1,002 for a girl.—Children's Bureau, Washington, D. C.

Concerning Nurses

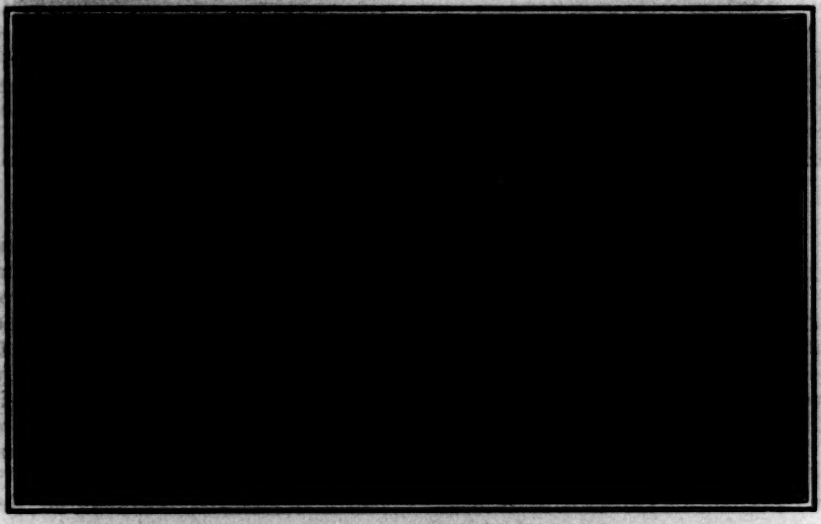
"CONCERNING trained nurses, the first thing that the patients should remember, if they are not too ill (and if they are their next of kin should stand sponsor in the matter), is that when the *Captain of the Watch* comes on duty, the wearer of the spotless white uniform is not to be regarded as a bodiless, soulless, tireless bit of self-lubricating machinery, but a human being whose veins should be full of good red blood."—"Captains of the Watch of Life and Death," by Mabel Osgood Wright.

Two Middle Western Nurses' Homes

I. Michael Reese Hospital, Chicago[1]

THE desire of a group of generous and socially minded citizens to make a contribution to nursing education and to the entire nursing profession has taken form in the residence and educational building for the Michael Reese Hospital School of Nursing. It is the consummation of a dream of twenty years, during which time the community has expended much effort in raising funds and preparing plans for the completion of a building which creates unusually good modern living and social conditions for both students and faculty.

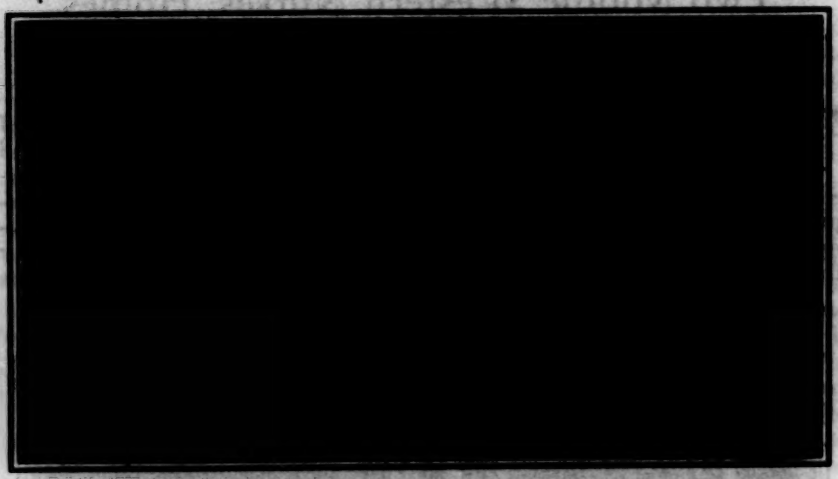
Each pupil may enjoy the privacy of her own room supplied with lavatory, ample closet space, and furnishings attractive both in color and design. A living room with a completely equipped kitchenette on each of the sleeping room floors has become one of the most popular features. Here small groups may gather to enjoy the informal companionship of their fellow classmates. They afford excellent facilities for the serving of late Sunday morning breakfasts and for sandwich sales after swimming classes, by means of which the students raised a scholarship for the summer session at the University of Chicago.



LIVING ROOM—MICHAEL REESE RESIDENCE

More formal gatherings take place on the main floor where, opening from the foyer, the small reception rooms and spacious lounge are in constant use. Comfort is emphasized by the deep, softly cushioned chairs and davenports, shaded reading lamps, and entirely harmonious surroundings. Adequate facilities in the form of tea carts and tea service provide for the entertainment of friends in a most homelike manner.

[1] Excerpted from *The American Architect*, July, 1926.



Swimming Pool—Michael Reese Nurses' Residence

The rear of the first floor is occupied by a cheerful dining hall furnished with tables each of which accommodates eight students. A special kitchen with modern conveniences adjoins the dining hall and supplies excellent meals for all nurses, both students and graduates.

Separated from the lounge by wide folding doors, the gymnasium may be used for dancing parties with the doors open, or may be entirely closed off when in use for gymnasium classes and sports. Arrangements for the students' social life and development have received much consideration.

In addition to the gymnasium, providing for the recreation of the students, the building contains an excellent natatorium with white tiled swimming pool and shower room complete in its appointments. Bacteriological tests are made from the pool each week, providing adequate prevention of infection from this source as indicated by the definite decrease in illness among the students this past year. Swimming, which is classified as a light sport, is especially advantageous for student nurses whose work requires much physical activity and who need the mental stimulation received from sports without undue exertion. The entire recreational program is in charge of a properly qualified woman, a graduate in physical education, who gives instruction in swimming and supervises the students' sports.

The educational features of the building consist of a library, lecture rooms, and laboratories. The library adjoining the lounge is well stocked with reference books, fiction and current magazines. One of the most interesting of the laboratories is the practice room where the student receives instruction in the technic of nursing. The room is so constructed and equipped that the student has the opportunity of practicing all nursing procedures before coming in contact with patients in the hospital. Specially designed laboratory tables and extensive ward equipment make possible this unusual program. Science laboratories, modern in every respect, provide adequate accommodation for

the teaching of applied courses in dietetics, chemistry, anatomy and physiology, and bacteriology.

The entire building has been admirably designed to offer to the students, in so far as possible, the atmosphere and comfort of home with the educational and recreational facilities essential in the development of a fine professional spirit.

II. St. Francis Hospital, Evanston

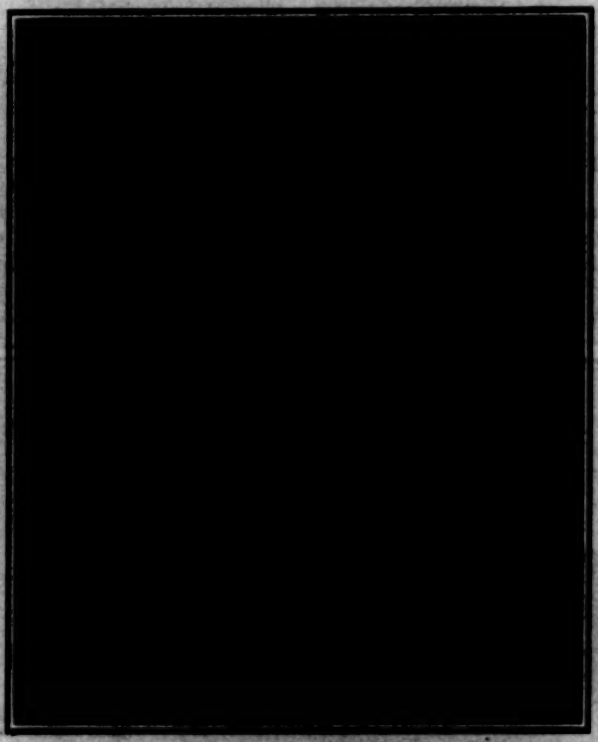
THE hospital and nurses' residence are most fortunately located and are free from city noises and city dirt! Within all is planned for beauty and service. Each floor has a sun parlor furnished with brown reed furniture. The student rooms are all planned for two beds. They have lavatories and individual lockers and each floor has two sets of showers, toilets, and baths.

On the main floor are the office, two reception rooms and the large living room which is most handsomely and comfortably equipped with furniture upholstered in "mohair and linen frieze," a grand piano, and charmingly shaded lamps. The library is spacious and well equipped for reading and writing. On this floor, too, are the rooms of the Superintendent of Nurses and an Instructor.

The ground floor contains the teaching unit, a kitchenette, a laundry for personal use, and the, as yet unfurnished, gymnasium. Friends of the school, recognizing the effort that has gone into securing the $200,000 required for the building alone, will doubtless not be slow to assist the Sisters in securing the needed equipment for the gymnasium.

ST. FRANCIS HOSPITAL NURSES' RESIDENCE

Who's Who in the Nursing World



LXXIII. EMMA AMACK MEIER, R.N.

When the nurses of Idaho want a piece of work put through efficiently, coöperatively, and with dispatch, they seek out Mrs. Meier. A native of Missouri, her professional affiliations are all with Idaho, for she is a graduate of the School of St. Luke's Hospital, Boise, and has held various administrative positions in that institution. She has been secretary, treasurer, and president of the Idaho State Association. She is now president of the Second District. As a member of the examining board, she has been valuable not only as a professional worker, but for her wide knowledge of social and legislative affairs in the state. Mrs. Meier is an ardent Red Cross worker and the story is told that, climbing aboard an ambulance in France in the dreadful days of the World War, she found in the driver's seat the man from her home town who later became her husband. It is needless to say, that with such a background of mutual interests, her husband encourages continued professional activities in a state which has few nurses.

Editorials

Tuberculosis, Nurses and Nursing

THE first nurse who ever received assistance from the Relief Fund of the American Nurses' Association had tuberculosis. The disease was arrested and she has given years of valuable service to nursing. Hers is a story that tends to repeat itself, for, several months ago, in checking up the Relief Fund, it was discovered that fifty-six out of one hundred and twenty-two nurses then receiving assistance were suffering from tuberculosis and that many of them were very young women.

Study of data obtained from the National Tuberculosis Association shows that more than 36 per cent of the deaths of women between the ages of twenty and twenty-four are from tuberculosis, while 33 per cent of those occurring from fifteen to nineteen years are from the same cause. It is significant that although the death rate from tuberculosis for the whole population has declined about 40 per cent in the last ten years (1915–1925) it has dropped only about 15 per cent for this group.

Schools of nursing are dealing with young women of this same age group—the group having the greatest susceptibility. Tragic stories of delay in making a diagnosis, like that so vividly told by Miss Gilstrap in "An R.N. Takes the Cure," are happening throughout the country. Because of them our schools each year are building more and more comprehensive health programs for their students. The initial "physical" is no longer a matter of form but is accepted as a serious social obligation and carried out in a scientific fashion. But this is not enough. They, more than most people, need at least an annual physical examination. The incidence of tuberculosis among nurses cannot be checked until two things have happened: (1) The development of a sensitiveness on the part of all nurses to the significance of the early symptoms of tuberculosis. (2) A more general preparedness on the part of the medical profession to provide skillful examination and early diagnosis.

The responsibility of the nursing profession cannot end with care of its own group, important though that is. The real obligation is for an awakened conscience to the importance of teaching the subject to all nurses, in order that even those nurses who may never specialize in the subject may be alert to its significance and intelligent in their support of those who do.

There is nothing contradictory in these arguments. The National Tuberculosis Association authorizes the statement that the student nurse who is safest, so far as tuberculosis is concerned, is the student who has had actual and carefully supervised teaching and experience in the nursing care of tuberculosis.

Back of all the tremendously complex problem of sending out nurses who in every sense shall be competent to do their work in the world safely, and happily, is the need of the world for the wonderful gift which nursing has to give. The age group which is so precious to us, because it is the age of preparation in our schools, is the most precious of all age groups to the race, for it is the age of child bearing, the beautiful age of reproduction. The potential and actual mothers of the race challenge us to give them a better chance than they have today by learning to recognize or

at least to suspect the early symptoms of tuberculosis, by guiding them to suitable authorities for diagnosis, and by giving them nursing care for tuberculosis when they need it. Thousands of nurses quite honestly say they know nothing about tuberculosis because teaching has not been provided. How long shall we let this condition persist?

Why Conventions?

WITHIN one month the editor attended the following conventions:

The Tri-State Hospital Association at Kansas City
The Western Hospital Association at Los Angeles
The National League of Nursing Education at San Francisco
The Northwestern Division of the A. N. A. at Portland
The Wyoming State Association at Laramie
The Clinical Congress of the Catholic Hospital Association at Milwaukee.

From an editorial point of view it would have been a perfect month if the dates of the Washington and the South Dakota meetings had dovetailed into the schedule. Incidental to the larger meetings were some very interesting and specially planned District Association meetings and some less formal meetings at Kansas City, Omaha, Los Angeles, Boise, Idaho and Milwaukee. Was it all worth while? In the language of the street —Rather-r! Are conventions worth while at this stage of our development? Again—Rather-r!

Motion pictures are said to have standardised dress throughout the country and no longer is the country girl conspicuous on a city street or vice versa. Conventions are the motion pictures of our thoughts, an easy method of securing information. No one desires standardised thinking but it is desirable that professional knowledge should be as readily available in the small center or in the rural community as in the metropolis. Conventions facilitate this diffusion of knowledge and bring about a like mindedness more speedily than any amount of printer's ink. A professional magazine can set the mental stage, as it were, for the convention. It can follow up the meeting and record for further study its more important thoughts, but no medium can take the place of the visual appreciations, the personal contacts, the inter-session debates and the between-sessions discussions.

What specifically was gained from this group of conventions? First of all, a strong impression that hospital groups, as such, and nursing groups, as such, are coming closer together, the hospital groups indicating a sympathetic interest in the education of nurses and the nurses giving evidence of a better understanding of the serious economic problems of the hospitals.

Even one great forum sponsored by lay women of San Francisco to discuss the high cost of sickness and timed to take advantage of the opportunity to hear from leaders of nursing thought such as Carrie M. Hall and Janet M. Geister, indicates a method for bringing together all those interested in that problem, presumptive patients, doctors, nurses, hospital and public health administrators.

The great cordiality with which the Wyoming nurses were entertained by the State University was significant. One school of nursing already has an affiliation but it led an observer to hope for a far-reaching program in Wyoming comparable to that now getting under way in Oregon, a program which it is hoped may one day strengthen every school of nursing in the state.

The outstanding feature of the

Clinical Congress of the Catholic Hospital Association and the International Guild of Nurses meetings was that of educational progress toward full status as a profession for nursing. With the Sisters, who guide so large a number of our schools, determinedly seeking postgraduate opportunities in nursing for nuns and nurses, with their steadfast faith and courage behind the movement, it cannot fail to gain momentum.

In all of the above there is no word of the spirit of service, of the spirit of nursing. Need it be said? Nurses, whether secular or religious, know that education without spirit could never produce nurses in any real sense of the word.

Another Coöperative Step

IN an effort to meet the major requirements of the doctor, the patient and the nurse in New York City, a committee of nurses, laymen and doctors has been working for a year or more to bring order out of the confusion of rules and rates governing the non-commercial registries, for although New York has a Central Registry, hereafter to be known as the Official Registry, most of the hospitals or alumnae associations have maintained registries of their own.

Out of the many conferences of this joint committee has come what is known as the Associated Registry Group, with the Official Registry and the seven largest hospital registries as members. The first fruit of the work of this committee is a set of standard rules for payment of private duty nurses in homes. These rules—on a card of convenient size for desk use—have been sent to all of the 5,840 doctors registered in Manhattan and to all of the nurses registered with the group.

The importance of this step to the city at large may be gauged by the amount of newspaper publicity it received, for the papers not only carried the announcement as news but they made highly favorable editorial comment—a triumph indeed, since the rates, to the uninitiated, must appear high.

The organization of this group, and the enforcement of the recent legislation, the state requiring all registries placing private duty nurses to send the patients statements of the qualifications of the nurses placed and the compensation to be made, should go far toward stabilizing private duty nursing in New York City.

The aim of the Associated Registry Group is to create sounder conditions for nursing in the home and to work out some method by which families of moderate income can meet the expense of illness. Whether the solution may ultimately be found in an extension of the visiting nurse or by the service of "trained attendants," or in all these ways, it is not yet possible to state. The organizers of this group hope that before long all the nurses' training schools in New York will join together and that a complete study will be made of the community's needs.

A Private Duty Nurse's Diary

THE owner of the little red bound volume which was placed in our hands almost by accident was astonished that any person could show real interest in the diary of her professional life. She has lived always in one city with little of the glamour that comes from travel and adventure in many places. Subconsciously she knows that private duty nursing is, in and of itself, high adventure—for therein lies its lure—but she is not accustomed to expressing it in quite that way.

She had not discovered that Mabel Osgood Wright had found private duty nurses of sufficient interest to write a whole book, "Captains of the Watch of Life and Death," about them.

With great economy of words the outstanding factors of her beginnings, her nursing school days, are set down and, as the story began a quarter of a century ago, there is little mention of classes, but much of special duty. Case by case and year by year the story of 238 private patients is told. All the miracle of birth and the tragedy and sombreness of death are there, for many were maternity patients, and one of the mothers, saddest of all catastrophes, and two of the babies died. Other patients, too, but chiefly those who had lived out their lives were helped over the threshold of another world.

And such a variety of diagnoses! Surgical and medical cases were well interspersed with the maternity patients and some were in hospitals and some were in homes. The diary presents a splendid picture of the versatility that has always been expected of private duty nurses. It is a reminder of the importance of post-graduate work. Among the cases were pneumonia, cardiac disease, mastoiditis, gastritis, senility, diabetes, Bright's disease, mumps, measles, "flu," pink eye, neurasthenia, toxemias, laparotomies of various sorts and many more. Each case obviously required its own special adaptations, to the home or to the hospital, to the family and to the doctor. Real adventure but all accepted as part of the day's work.

Income is noted as an incident in each case, but the real story told by the owner of the little red book is not in the income she received, important though that has been as a background for her life. The real story is in the successful cases she has had, in the friendships she has made, the respect of the doctors with whom she has "teamed up" and in her contribution to the health of her city. Two hundred and thirty-eight patients and their families have had the entire attention of this nurse for periods varying from a few days to many weeks.

Would she do it over again in just that way? Probably not. The nurse beginning today expects to influence many more lives. She is thinking in terms of shorter cases, for whether she wills it or not, cases are shorter excepting in the groups we know as degenerative diseases. She is beginning, too, to think in terms of shared responsibility for groups of patients instead of complete responsibility for one. She is beginning to question the right of any one human being to all of the time of any other. These things are extremely important. They are of our times, but it is important that she should evaluate at its true worth the life work of such women as the one whose diary records only the things that have to do with patients. Of personal record there is no trace, but those who know believe that the life has been lived richly and fully through the quarter of a century of private duty nursing. The spirit of such devotion, translated into new forms, must be retained if nursing is to survive as a profession.

Yale Graduates Bachelors of Nursing

ON June 22, the Yale University School of Nursing in graduating its second class, celebrated its first Commencement in participation with the other professional schools in Yale. This marked the two hundred and twenty-sixth commencement of that great university. Those who were present will long remember the imposing procession led by distinguished men, representing many universities, as it assembled on the campus, circled the Green and entered Woolsey Hall, and among them were fifteen students

in the School of Nursing. It was most fitting that the School of Nursing should be grouped between the School of Medicine and the School of Public Health.

Following the presentation of students to the President and Fellows by the Deans of the Faculties of Fine Arts, Music, Law and Divinity, it was thrilling to the nurses who were present to see Dean Goodrich, the only woman dean in the university, rise and with inspiration in her voice present the candidates for the degree of Bachelor of Nursing. As the students arose it was again thrilling to hear the applause from other schools and the Yale Alumni as the class marshal, Elizabeth Bixler, M.A., went forward to accept the degrees for the class from President Angell. Truly we felt for nursing, "It is good for us to be here," for undoubtedly it marked an achievement and was an appraisal of professional accomplishment when an old and traditional university like Yale stamped its approval on nursing and ranked the school among its other schools of learning. Nursing was given an impetus which will react on every future effort for advancement and will make the next step easier to accomplish. It was undoubtedly a great day in nursing history.

Following the commencement exercises, the first alumnae luncheon was held in Nathan Smith Hall. The newly elected president, Mary deBois Taylor, B.N., B.A., presided and called upon Mrs. Helen Hartley Jenkins, Miss Nutting, Miss Maxwell, Miss Beard and Dean Goodrich for speeches. These were congratulatory and inspiring in their presentation of ideals, possibilities and visions for the future of nursing. To those who sat about that table all the smallnesses in life faded away and only the great things to be done through nursing by nurses seemed to count. We were optimistic, for the time being at least, and the memory of that commencement will help us over many of the dark days which inevitably come in our fight for better things.

It is said that "the outstanding feature of our life is conflict." Whether or not this is true in life as a whole it has had some truth in nursing and it is not difficult to understand the reason. Sickness is an unwelcome guest and carries with it suffering, unhappiness and sorrow. Nursing is associated with these conflicting forces and must, because of its very nature, share this atmosphere and bear the brunt of these reactions but nursing has a constructive influence and has become a great social force welding together these components of adversity. In the great campaign for health it is the most potent influence. The world is clamoring and sanitary science is loudly calling for women who are ably prepared to go out into the field and help to create a new thought in health which will dispel the old traditions, to the end that the outstanding idea will be harmony rather than conflict.

These are the fundamental ideals in the Yale University School of Nursing, to teach the student the principles of health and the methods by which sickness will be prevented, pointing the way to constructive and productive ideas rather than to palliative and ameliorative methods.

This building process is a living creative thing and in nursing and medical science must go hand in hand with the curative process. Prevention and cure must be taught together, rather than separately and independently, and as the attitude of mind and the point of view forecast the result, so the student will reflect in

her work those ideals and appreciations which have been presented to her in the School of Nursing. The future for nursing has a broad horizon. It will stretch into new and widening fields which will require a background and a foreground we are only beginning in a limited way to appreciate.

M. Eugenie Hibbard Retires

"MISS HIBBARD'S nursing career merits more than a passing mention," wrote Miss Dock in the "History of Nursing," in 1912. Fortunately, Miss Dock has given us not only a résumé of Miss Hibbard's early work, but a lasting picture of the inception of the work in Cuba with which Miss Hibbard's name will, for all time, be associated.

Following the war with Spain, the Sisters who had been in charge of the hospitals in Cuba withdrew to their mother country. This left a virgin field for the introduction of modern nursing by the American nurses, Mrs. L. W. Quintard, Miss Hibbard, and many others who had become interested in Cuba as a result of their war service. Miss Hibbard was the principal author of the law which provided for the establishment of schools of nursing in the government hospitals and for the control of the practice of nursing in Cuba. By 1909, Cuban nurses had begun to displace American nurses in important posts and now the highest of all, the chief of the Bureau of Nurses of the Republic of Cuba will be filled by Srta. Hortensia Peres who has been Miss Hibbard's assistant for several years.

Laden with honors, Miss Hibbard retires from active service in the hope of restoring her impaired health. She takes with her the beautiful gold medal presented by the National Association of Nurses of Cuba in token of the gratitude, affection and admiration of its members. She has, also, a diploma of the Association awarded in recognition of service rendered as a member of its Advisory Board.

The Cuban government has awarded a richly deserved pension in recognition of Miss Hibbard's twenty years of constructive service.

ORDER is a lovely thing;
On disarray it lays its wing,
Teaching simplicity to sing.
It has a meek and lovely grace,
Quiet as a nun's face.
Lo—I will have thee in this place!
Tranquil well of deep delight,
All things that shine through thee appear
As stones through water, sweetly clear.

—ANNA HEMPSTEAD BRANCH,
"The Monk in the Kitchen."

The Traditional Type of Examination Questions[1]

Their Advantages and Limitations

BY MARY BROOKS EYRE, R.N.

IT has become the fashion nowadays in our institutions for higher learning, to question the value of examinations. Perhaps this has been brought about as a defense measure against the flood of "intelligence tests," "vocational tests," "special abilities tests" and "personality tests," which has been let loose upon our devoted heads since the war, by means of which attempts have been made to peer into the most private recesses of our minds. Quite possibly the worm, which the victim of the test often feels himself to be after having taken it, is beginning to turn.

Most of the students in college and high school, and many of the faculty as well, would cheerfully abolish the much-dreaded "finals"; and yet no one seems able to offer a better solution than examinations, to the vexing question: "How shall we estimate proficiency and progress? And how shall we distinguish the fit from the unfit?"

In a recent article in the *Atlantic Monthly*,[2] President Lowell of Harvard urges the value of examination, not only for measuring the progress of the students, but also as a direct means of education, and to set a standard for achievement. He feels that we have overlooked the two latter uses, in stressing the first, and that the art of examination in this country is still in its infancy.

In our own profession of nursing, the problem of examination must cover more than one kind of situation. There is the practical art of caring for the sick; there is the theory learned in the class room; and finally there is the combination of the two, upon which the State Boards of Examiners must determine fitness to practice. This presupposes and includes intelligence: but what we seek to evaluate are the results of *training*.

The setting of examinations to cover all of these situations must be based upon consideration of the following:

1. Importance of the subject matter to be included.
2. Difficulty of the questions.
3. Time required to answer.

In general, the most outstanding facts of the subject should be the ones chosen for questions, and the latter should be clearly stated. It is not fair to turn the examination into an exercise for mental agility on the part of the student, in her attempt to guess the meaning of an ambiguous question nor is it permissible to match wits with her by asking "catch questions."

Questions should be so worded as to stimulate the response. This need not be wholly nor immediately;

[1] Read at the Annual Convention of the National League of Nursing Education, San Francisco, Calif., June 9, 1927.

[2] "Art of Examination," *Atlantic Monthly*, January, 1927.

but it should be sufficient to start the thought-process. An examination should include three kinds of questions: of thought, of judgment and of fact. Exercises foreign to the experience of students are not satisfactory as a measure of their ability. For this reason practice should be given in unfamiliar forms, before they are used as tests.

In case the object be to measure knowledge of a given subject, according to Strayer and Norsworthy of Teachers College, Columbia,[3] the difficulty of the questions should range from a few items which all can answer, to a few which none can answer. Otherwise there is no way of telling when the limit of ability of the more able students has been reached. This would be done only where total estimates of knowledge, and not progress, were desired.

In ordinary examinations, a good rule is that quoted by Dillard, in a discussion on this subject.[4]

"If the passing mark be 70 per cent, the teacher should make 70 per cent of the questions so easy that he would be ashamed of himself if any pupil he had taught, could not answer them. Then 30 per cent of the questions should be such as to test further and more keenly the pupil's power of thought and understanding, and his ability to apply what he has learned."

The limit as to time is an important factor. The rate at which the student performs a task is important, as well as the accuracy. This may apply especially to the practice of nursing, where familiarity with a process lends both speed and accuracy.

Now comes the selection of the type of examination. Shall it be the old-fashioned essay, or the new objective variety? There are good and bad points in each. The "traditional" or "essay" type still holds its own, despite its glaring faults of the past. It is toward the recognition and partial remedy of these faults that we shall now direct a brief scrutiny.

One of the chief objects of criticism has been the personal equation in grading. Many experiments have been made on the wide range through which the same paper may pass, when graded by different individuals.

There is a classic instance cited by Starch and Elliott in which an examination paper in Geometry was graded on the basis of 100 per cent by Geometry teachers from one hundred and sixteen schools, and the results tabulated.[5] Of the 116 marks given on the same work, two were above 90 while one was below 30. Forty-seven teachers gave a passing mark or above, while sixty-nine teachers thought the paper not worth a passing mark. An examination paper in first year High School English was graded by one hundred and forty-two English teachers and received grades from 50 per cent to 98 per cent. Similar experiments were made with other subjects and by other people. It has also been shown that the same teachers are not consistent in their own marking, for where the same sets of papers are graded a second time results will vary widely. (See Starch, "Educational Measurements.") In short, to quote Dr. Ben Wood of Columbia: "In the last analysis, grades are whatever the individual instructor makes them." The objective or "short" form abolishes this difficulty; but it can be at least partially overcome also by predetermination of a definite set of answers agreed upon by a committee of several expert persons, and questions so framed as to bring out results according to the plan.

[3] How to teach.
[4] School and Society, May 7, 1927.
[5] Reliability of Grading High School Work, "School Review," Vols. 20-21.

An objection harder to remedy is fatigue. The objective type saves the student much weariness and ensuing mental confusion. The range of subject matter covered must necessarily be restricted in the essay type. Only a few questions can be asked, so that the student is limited in the range of her responses. The objective type gives a much wider field for showing how much she knows.

On the other hand, the objective type does not allow opportunity for discussion or comparison, nor does it apply to subject matter which is capable of more than one interpretation. All of its "yeas" must be yea, and its "nays" decidedly negative. It has no grays, but only blacks and whites. The student who is capable of thoughtful possibilities can often do herself greater justice in this respect by the essay type. By the same token, it is easier for the fluent writer to disguise her lack of accurate knowledge in the essay than in the objective type, where her answer must be clear cut. This call for accuracy of information is one of the strongest arguments for the objective type of test.

In studying distributions of grades from the old or essay type there is a marked tendency to "bunch" at the passing grade. This means two things: first, that the questions were not so generally selected, and second, that in grading papers there is the unconscious tendency on the part of the examiner to push up those who fell only a little way below, to the passing line. No one wishes to fail a student who comes within one or two per cent of the passing grade. One stretches conscience a bit on the plea: "If she can come that near it, she should be allowed to pass!" Here again is the factor of personal opinion. The essay type takes an experienced and expert person to grade papers, while the objective type can be graded by a key.

A word of warning must be inserted, as to the extreme care needed to formulate questions of the objective type. No one without considerable experience should attempt it.

It has been the practice of the writer to allow students to choose the type of test which they shall take every two weeks For the past two years, a record has been kept for comparison of an equal number of the essay and the true-false types, for 579 college students, with 1,158 college grades, in the subjects of Elementary Psychology, Applied Psychology, Educational Hygiene and Abnormal Psychology. These were classified as A, B, C, D, F.

Essay (*Old Method*)		True-False *Objective* (*New Method*)	
Grade	Students	Grade	Students
A	105	A	93
B	257	B	209
C	193	C	177
D	23	D	78
F	1	F	22
Total	579	Total	579

Comparison shows that the essay type gave a consistently higher proportion of As, Bs and Cs, with few Ds and only one F. In technical words the distribution was skewed, and was not so nearly normal as in the objective type. This may be partly explained by the fact that an extra effort was made to make the questions general in the essay type, in contrast to the objective form with which they were alternated every fortnight.

The correlation between the true-false and essay in one class (30 scores) was .32. This low correlation was due to the fact that several persons in the class made high scores in essay and low in true-false, and vice versa. One individual made a grade of 90 in essay

and 64 in true-false; another made 74 in essay and 98 in true-false, thus lowering the correlation.

A comparison of grades in California State Board Examinations, 1922–23, taken by 426 applicants in Anatomy and Physiology follows:

Essay (*Old Method*)		Objective (*New Method*)	
Grades	People	Grades	People
95–100	9	95–100	21
90–94	26	90–94	24
85–89	26	85–89	44
80–84	43	80–84	29
75–79	79	75–79	23
70–74	16	70–74	25
65–69	10	65–69	30
60–64	1	60–64	7
55–59	1	55–59	7
50–54	1	50–54	1
45–49	1	45–49	2
Total	213	Total	213

The results show the same tendencies as those of the college students. In addition there is the increase, just over the passing line, 75 per cent.

After the first shock of unfamiliarity had passed, most of the college students preferred the objective type and one class voted to have a true-false examination for the oncoming "finals." This corresponds with our experience on first using the objective types in the examinations for licensure held by the California Bureau of Nurses' Registration in 1923.

In summing up, it may be stated that all grades, both those obtained from the essay and those from the objective types, depend on the factors of:

1. Intelligence
2. Previous training
3. Industry
4. Interest
5. Emotional attitude.

The last is such an important factor, that it can block and make void all of the others. When the student approaches his examination in a state of fear or apprehension he cannot begin to do himself justice and may suffer physical and mental harm. For this reason, a Japanese student states that examinations have been abolished in the schools of Japan.

While not abolishing examinations, much can be done to lessen their demoralizing effect through a correct mental attitude on the part of both student and examiner. The traditional type is perhaps less open to criticism on account of the fear it inspires than is the objective, as the student is saved the nervous strain of having to make a point-blank decision. On the other hand, a properly composed objective test can be made to seem exhilarating, and like a sort of game of the "ask-me-another" variety so popular at present.

To be comprehensive, every examination where there is much at stake should include some questions of the traditional type, in order to give the opportunity for self-expression which can be shown more fully by the written than by the objective answer. Either type should have the joint effect of spurring the student to greater effort, and the instructor to further improvement of teaching methods.

New-Type Examination[1]

Formulation, Presentation, and Scoring

By M. Cordelia Cowan, R.N.

An examination, so Webster tells us, is a process prescribed or assigned for testing qualifications and may include in the investigation, measurement of a given field of knowledge, certain functions and motives. Modern psychology tends to point out increased purposes of examinations from that of merely testing knowledge, function and motives. Not only should an examination test knowledge but it should test out the facts in the ways in which such facts are used in every day life. Valuable information about the student's judgment may be gained from the use of certain types of questions which measure capability to see relationships. Likewise, questions which test the ability of the student to make applications gives a means of measuring the initiative and resourcefulness of the student. All examinations should test motives in an indirect fashion, otherwise tested the real motives might be disguised and thus not true. In addition examinations should afford practice in real thinking in the subject matter and should be planned for and scheduled so that they incite systematic review at the best psychological time.

Just what is this New-Type Examination that we are hearing so much about from all sides? In brief, it is an examination which tests indirectly the total organised knowledge by its *short answers* to a relatively *large number* of "key" questions in comparison to the Old-Type Examination which tests more directly by its long answers with much detail to a relatively small number of questions. It is at once apparent that the New-Type Examination is a more comprehensive one since the number of questions are many more and over the entire subject, made possible by the fact that much less time of the student will be consumed in the actual mechanics of writing the shorter answers.

Depending upon the psychological response, New-type Examination questions are divided into two main groups:

A. The Recall Type are such questions (or statements) as necessitate the recall to mind of the important points which have been learned previously.
B. The Recognition Type where the question (or statement) includes both correct and incorrect answers from which the correct one must be chosen.

Of the Recall Type there are:

1. The One-Word-Answer or Simple Completion which is answered by one word or phrase.
2. The Multiple Completion which requires more than one answer, of words or phrases, to complete the statement.
3. The Pertinent Statement which exacts the writing of one important pertinent fact about the given word.

Of the Recognition Type there are:

1. The Single Choice Multiple Response which necessitates the choosing of the best answer from among a list including both correct and incorrect answers.
2. The Plural Choice Multiple Response that is of a similar nature but where more than one word or phrase must be selected from the list including both correct and incorrect answers.
3. The Analogy which points out a likeness of one thing to another and is there-

[1] Read at the Annual Convention of the National League of Nursing Education, San Francisco, Calif., June 9, 1927.

fore very valuable in testing relationship and judgment.

4. The Matching in which phrases explaining a certain word must be matched with the correct word.
5. The True-False, the most frequently used of the New-Type Examination questions, which requires the recognition of truth and falsity of the statement.

Some points in *general* are true in the formulation of all New-Type Examination questions:

1. Good New-Type Examination questions like Old-Type Examination questions call for the application of all the rules of English composition just as assiduously as an essay or any other piece of writing.
2. No well written question should be wordy but on the contrary should be brief, inclusive, and to the point and convey but one possible interpretation.
3. Questions should, also, be put into words of common use so that there is no chance of questionable meaning.
4. The content of each question should be worth while and concerning some fact or principle or issue of real importance in the subject and not about trivial matters, concerning unrelated facts, or controversial material.
5. Each question should be an independent unit and in no way hinge upon the interpretation or the answer of another.
6. There should be an equal number of fairly easy, hard, and moderately difficult questions for we will find our important facts and principles falling under the category of each, and therefore, will need all kinds in the testing of the whole rather than making of it a test for the easy or the most difficult points.
7. After the questions are made out they should be tried out on a number of persons who have a good knowledge of the field being tested to see that the questions are at least clear to those who are already familiar with the content under examination.
8. Sufficient time is absolutely essential when making out New-Type examination questions because not only is a far greater number needed, but, also, the process in making out each question is a longer one than for formulating Old-Type Examination questions.
9. The type of question chosen will have to depend upon which type best adapts itself for the particular kind of subject matter.
10. An outline of the course should be followed for picking out the important points from which the questions are formulated.
11. If a habit were formed of making out questions on each vital new fact, principle, or issue after each lesson that is taught, very soon a large number of questions would be available to draw from when required.
12. A great many more questions, at least three to five times as many as will be needed for an examination, should always be formulated so that there can be opportunity for selecting the best ones and weeding out those not so good.

Besides these points in general there are some very important special points in the formulating of the various kinds of New-Type Examination questions.

One-Word-Answer or Simple Completion

Turning first to the One-Word-Answer or Simple Completion kind, there should be kept in mind its many uses among which are for definitions, dates, events, authors, characters, experiments, testing ability to apply principles, making comparisons of similarities and differences, and giving reasons. The first step in making out this kind of New-Type question is to write out the questions ordinarily asked in the Old-Type, *e.g.*, in Obstetrics "What is position?" Keeping all the general principles in mind, an adequate concise answer is written out, *e.g.*, "The relationship which the presenting part bears to the four quadrants of the mother's pelvis is called position." Then lastly, the "key" word in the question, namely *position*, is omitted.

Multiple Completion

Here again after making out a list of questions ordinarily asked brief concise answers should be made out and the important words or phrases omitted.

Pertinent Statement

The pertinent statement type of question has a more limited use than some of the other kinds. It finds considerable usefulness, however, in testing outstanding events, dates, processes, etc., by requiring one short pertinent statement about each. By very careful wording of the directions those pertinent can be made to be very much more thought provoking, *e.g.*, the word Sims in Gynecology with the directions reading that the pertinent statement should relate to nursing care tests two things, whether the student knows the meaning of the word and next its relation to nursing care. Such a word should bring to mind important points in the placing a patient in the Sims' position such as the pelvis tilted forward and the knees drawn up to relax the abdominal muscles.

Single Choice-Multiple Response

In general the formulation is the same as the ones already mentioned, namely, writing out a concise answer to the question as it is usually asked and omitting the "key" word. Next the four or five alternative answers, including the correct answer, must be selected, using special care to make the wrong alternatives unquestionably wrong but at the same time plausible and seductive, *e.g.*, in Gynecology "The descending of the uterus is called (retroversion, cystocele, rectocele, prolapse, anteflexion)." From these given words the student picks out the right word and underlines it. Only a hazy idea of the meaning of any one of two or three of the wrong alternatives might lead to the selection of one of them. Thus, this form of question becomes a test of what is not known as well as what is known.

Plural Choice-Multiple Response

This type does not differ from the single choice except in that more than the one word or phrase is chosen to complete the statement, *e.g.*, in Obstetrics "The organs belonging to the internal female generative organs are (vulva, rectum, vagina, uterus, bladder, ovaries, Fallopian tubes)." Likewise here the student must choose and underline the correct words.

Analogy

The analogy is used to measure the student's ability to see relationships but like the matching test has only a limited usefulness. The underlying principles for the formulation of the analogy type of questions are the same as for the others but with special care that the first two terms bear the same relationship to each other as the third and fourth terms do to each other. Too, the same care should be exercised in selecting the alternatives with which the correct one is placed as is observed in the Single and Multiple choice already mentioned, *e.g.*, in Obstetrics "The respiratory, digestive, and excretory system combined are to the adult as the (decidua, liver, umbilical cord, placenta, membranes) are to the fetus. Again in this type the right word must be selected and underlined.

Matching

The matching test consists in matching a person, thing, event, or word with some characteristic description and is only adaptable to certain kinds of knowledge but with such will save much time of both students and instructors. The formulation of such

tests is obvious and needs no further explanation.

True-False

The most common form of the Recognition Type of questions is the True-False, a type having but the two alternative answers, either that the statement is true or that it is false. The questions are among the most difficult to formulate since the statements must be either true or false and at the same time not so obvious as to require no thinking. Care must be exercised that all controversial matter is avoided for only material that is acceptably either true or false is adaptable for these statements. Specific determiners, *i.e.*, such words as never and always should be used very, very carefully, otherwise one may fall into the common habit of having these statements more often false and the student comes to answer the question as false, not that she knows the statement to be untrue but because it contains this determiner. The same caution should also be taken in the formulation of degree and comparison statements which tend to be true and those of reason or cause which tend to be false. Specific determiners should be used in such a way that there are equal numbers of false and true statements containing them. Another point, about which there is not strict consensus of opinion, is the use of a phrase that is untrue in an otherwise true statement and which results in the false statement, *e.g.*, in Obstetrics (No. 10): "As the pregnant woman is usually rather apprehensive during labor the nurse should create a quite cheerful atmosphere and treat the whole proceeding lightly." The last phrase in this otherwise true statement renders it a false one. Statements of True-False questions should as a rule be short declarative sentences with an average of ten to twenty words so that there is no danger of ambiguity. However, there are some notable exceptions—as ethics, professional problems, etc., which require much longer time in answering.

Presentation

PRESENTATION is as important as correct formulation of New-Type Examination.

1. First of all, questions must be segregated into sets of a kind so that the necessary directions can be with the question.

2. The questions in each set are then arranged in their logical and topical sequence in the course. Placing questions in this logical order will go far to eliminate that very unpleasant reaction of which students have rightly complained and described as a feeling of doing mental gymnastics in jumping back and forth from one topic to another.

3. The first questions should be fairly easy so that all students can answer them. This tends to get the student started right psychologically and eliminates inhibition which might otherwise result from too difficult questions right at the start.

4. The sets of questions must also be checked to see that the subject of examination is adequately covered and at least eighty or one hundred of the best questions selected for a final examination. In general the True-False type is most economical in time and the recall types require the most time so that more can be used of the former than the latter type for one examination.

5. For each of the sets of questions of different types there should be explicit directions.

6. These questions in sets with specific directions at the top of the first page of each kind should then be

typed or mimeographed, making provision for ease in scoring, *e.g.*, space left at the right for the answers in the recall types, lists of words or phrases for underlining placed to the right in the multiple response types, space to encircle the T or F to the left in the True-False type. The typewritten or mimeographed sheets should then be fastened together so that they will be kept in order for proper directions for the student and will be in order for scoring. Upon giving out examination questions attention of the student must always be drawn to careful reading of instructions before attempting to begin the examination, otherwise the student may fail to do this.

7. The matter is controversial whether or not copies of examination should be allowed to fall into the hands of students for coaching and study or whether the examination questions should be kept on file under lock and key. However, there is much to be said in favor of the former since it will help to stimulate study upon the part of the student and greater production of better questions on the part of the instructor.

Scoring

SCORING of New-Type questions when once put upon a good systematic basis becomes a much easier problem than that of grading the Old-Type questions.

1. The scoring "key" is made by taking one of the copies of the examination and correctly filling in the answers.

2. The papers to be scored are then compared with this perfect copy and any checking of incorrect answers or omissions made with a colored pencil to facilitate scoring.

3. According to consensus of opinion it is better to so word questions that one point is allowed for each correct answer, rather than to weight some, *i.e.*, give more than one point of credit for certain answers of important questions. Even in the matter of scoring True-False statements this same scheme is now being used together with directions that the student should not guess but leave blank unknown statements rather than use of the old formula in scoring and the requirement that all statements be marked either false or true—with none omitted.

4. After the papers are all scored they should be stacked in order from highest to lowest score.

5. By counting half-way through the stack of papers the mean, median, or average score is obtained.

6. The upper quartile is obtained by counting down one-quarter of the total number from the highest score.

7. In a similar way the lower quartile is obtained by counting up one-quarter of the total number from the lowest score.

8. The foregoing points as well as other important ones which contribute to the best and fullest analysis and interpretation of the scores are best shown graphically. The easiest way of making such a graph should be selected, as by plotting the scores on coördinate paper. The left hand line of this paper can be used as the scale line for the number of students and one coördinate distance allowed for each student. The lowest horizontal line or base line can be used for the scale line for the scores obtained by the students and one coördinate distance allowed for each point. Beginning with the lowest score obtained, one space at the designated score on the base line is crossed off and the same is done for each paper in turn until all are accounted for. A line drawn around to include all scores gives a graph or picture of the whole.

9. Perpendicular lines drawn through at the mid-point, upper quarter, and lower quarter, give respectively mean or average, upper quartile, and lower quartile. Such a graph is simple to make and because of its simplicity requires but little time, no longer than to write down a list of the grades, and does give much information that should be known but that might not otherwise be revealed. First of all the graph illustrates that these New-Type Examination scores like the grades of any good examination approximate "the normal probability curve," *i.e.*, that the scores tend to cluster in the middle and lessen in frequency toward both ends. Another item about the central tendency of scores is at once apparent in the graph in the relation which the mean or average bears to the mode, or the score that has been obtained by the greatest number of students. Scores clustering toward the upper end may demonstrate a number of things, that the examination was too easy, that the group is a selected one, if over material in which there had been considerable drill that the drilling had accomplished its purpose, or if over some specially assigned work that it had been well prepared. On the other hand a graph with scores clustering toward the lower end may demonstrate practically the opposite, that the examination was too hard, that there had not been sufficient drill in the more difficult subject material, or that work had not been well prepared, as well as indications of what might be traced to excessively long hours on duty, lack of interest due to insufficient recreation, bad hygiene, and bad health. At any rate such scores should always bear investigation both in matters of the students and their instruction.

10. The scores are next converted into letter grades or percentages by inspection of the distribution of the scores, what the students as a whole have accomplished, and by determination that the various score limits shall include certain percentages of the students. The latter, rather than the combination of the two, has been the general practice of a good many of the schools in their adoption of some more or less definite and uniform system of assignment of marks or grades, as is given on page 102 of Ruch's Development of the written examination for an unselected group:

5%	should	be	A
20%	"	"	B
50%	"	"	C
20%	"	"	D
5%	"	"	E (or F)

Certainly figures such as these cannot be used arbitrarily and especially in dealing with selected groups as nursing students. Even the preliminary student in a measure belongs to a selected group and surely after the preliminary period and the weeding out there the group is a several times selected one in which there should be no expectation of failures and only a very small percentage of D's. In reviewing some of the work which has actually been carried out there seems to be greater difference in opinion of what percentage of students should receive a certain grade than there is of difference in the dividing of the range of accomplishment by the students into divisions receiving a certain grade. A score rating which will demonstrate the latter is this of an unselected group taken from Paterson's Preparation and Use of New-Type Examinations, page 71:

228 Total Points

127–228	should	be	A
118–126	"	"	B
90–117	"	"	C
83– 89	"	"	D
0– 82	"	"	E (or F)

Consistent with the differences which are found is the admonition of the many writers on scoring of New-Type Examinations that the estimates used in a system of assignment of marks or grades should not be too slavishly followed. This is perhaps very true in our own field where presumably we weed out the lower group of the curve during the preliminary period so that the lowest score expected should be above F. By comparison of figures the fact is evinced that the accomplishment of the students themselves should give a more stable and objective way of estimating grades rather than too much dependence on arbitrary percentage of students receiving certain grades.

When the grade divisions are decided upon after close study and consideration of both ways and means of estimation, the graph can then be marked with lines into these divisions, thus giving a completed picture of the class scores.

The scores in graph form have also a very important use to the student in showing her where she, herself, stands in relation to her class, for this reason the graph should be posted where the student has an opportunity to see it. Her own score she should receive individually and is then in position to see what her accomplishments are in relation to her class.

Summary

IN conclusion, not only should the student have some knowledge of the results of examinations, as has been illustrated by the use of the graph, but she should, also, know something of why they are given if there is to be the fullest realisation of all of the purposes for which examinations are used, namely:

1. To Test—
   Knowledge.
   Capability to see relationships.
   Ability to make applications.
2. To afford some practice of thinking in the subject matter.
3. To incite systematic review.

To the student who understands these reasons for examinations comes an added zest in her efforts to surpass her own accomplishments. The responsibility thus partially shifted to the student brings about greater cooperation and a better attitude toward examinations in general.

With such fundamental aims or purposes there must always be certain basic requirements of all examinations. First, there must be a knowledge of the scope of the field, function, or motives; that is, just what it is that is to be measured and the examination should be such as to cover the range so mapped out. By a careful study of both the Old-Type and the New-Type Examinations it has been found that the advantage rests with the New-Type in affording a better chance for a more thorough measurement of the field or scope to be measured.

Effort and time of the student should be concentrated on that which is to be measured, that is, in the thinking and answering the questions rather than so much time spent in writing, organization of material, etc. In the New-Type Examination the student is saved much of both effort and time in the mechanics of the process and is given more time for real thinking, made possible by the short answers and little writing and at the same time is able to cover a much wider range of the field in the same length of time than with the Old-Type, less forearm dexterity and more cerebral agility. From the instructor's standpoint she is saved much time in correcting papers, but the very nature of the New-Type Examination questions and their greater number call

for far greater time for their foundation. Thus the New-Type Examination is a time saver only in that it makes for greater usefulness of the time expended.

The more comprehensive covering of the field gives a better test of what the student knows, therefore, greater satisfaction and encouragement for future endeavor so that the New-Type Examination, also, holds the advantage of better motivation and thorough review becomes more worth while.

That examinations should in so far as possible be objective instead of subjective is as evident as saying we should have a thermometer to measure the body temperature rather than to rely on the sense of touch to tell us that the patient has a fever. The short answer of the New-Type Examination makes for less subjective evaluation and far greater reliability than does the long answer of the Old-Type Examination, since it does not offer so much chance for personal opinion and thus subjective method to enter into its reckoning.

Lastly, the improvement of the examination which has lagged so far behind all other advancements, in education in general, is dependent upon the combined efforts and experiments of all who are interested in education. But to join in such an experiment means:

1. That there is the need of being informed of what has been and is being done to improve examinations.
2. That the work we do must be carefully and scientifically planned in the Formulation, Presentation and Scoring of Examinations.
3. That our results from this work must be analyzed, interpreted, and evaluated in order to ascertain and retain only that which will afford improvement.

In this work of improvement of the examination may not and should not the educational group in nursing lend its efforts and be able to say that it, too, has done its share in making this much needed contribution to both general and nursing education?

A Will and a Way to an Index

IT is hard to down nurses, but when they combine forces with librarians the combination is unbeatable. The League's Committee on an Index to Periodical Literature struggled manfully with the problem of securing funds, but not enough subscriptions came in to meet the cost of the ambitious project at first planned. Realising that those who did want an index wanted it very much indeed and that it would grow with use, the committee took its problem to Mary Casamajor, librarian of the National Health Council.

The National Health Library issues a *Weekly Index of Public Health Literature* which it circulates to members of the National Health Council in order that they may be constantly informed and may have easy access to the wealth of material constantly pouring in. It is also sent on a subscription basis to many workers in the field of public health here and abroad. The *Index* is classified under such subjects as, general public health, child welfare, health work in the schools, industrial hygiene, nursing, social hygiene, tuberculosis and other headings and lists the more important articles on public health appearing each week in a wide range of periodicals. A brief descriptive paragraph gives an idea of the scope of the article. An effort will now be made to enlarge the sections dealing with nursing to include all the important articles on the subject appearing not only in twelve carefully selected nursing journals but also in the medical and health journals received.

This *Index* can be obtained for $2.50 a year from the Library, National Health Council, 370 Seventh Avenue, New York City. It should be looked upon as essential equipment by schools of nursing, public health nursing organizations, medical libraries, and public libraries. Instructors, especially, will hail it as a boon, for it will greatly facilitate constant search for reference material for and by students

Department of Red Cross Nursing

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"Certain Samaritans," by Dr. Esther Pohl Lovejoy

THE political situation in the Near East looms large in the public eye at the present time. It may be a war in Syria or a revolution in another country, or it may be an edict from Mustapha Kemal ordering the abandonment of the fez or face veil. The front pages of our daily newspapers carry startling headlines and stories of the popular as well as of the scientific type, while magazines are filled with articles relating to some particular phase of the political situation in the Near East or the Balkans. For that reason the nurse readers of the *Journal* in general, and Red Cross nurses in particular, will be deeply interested in a book which has just appeared called "Certain Samaritans" written by Dr. Esther Pohl Lovejoy (published by the Macmillan Company of New York City), who was chairman of the Executive Committee for a number of years of the American Women's Hospitals. This book tells the story of the work done by this organization in a most interesting fashion. At moments it paints a depressing and deplorable picture of the condition of the people of these countries, and in the next a flash of humor rends the cloud of misery which has thrown its shadow upon these unfortunate peoples for so long.

Nurses will be particularly interested in the chapter on "Supermen and Vermin," for it shows the effect of the activities of various forms of insect life upon the destiny of nations in the past, as well as upon the political and economic situation of the countries at present. It has frequently been said that it was not the result of war or natural disaster that destroyed the glory of ancient Greece and Rome, but the work of the deadly Anopheles and the pernicious activities of the Pediculidae.

The work of the American Women's Hospitals was closely connected with the American Red Cross. To that organization the latter gave all kinds of supplies from quinine to ambulances. Perhaps one of its most notable contributions was qualified Red Cross nurses. The names of many of these are mentioned in the narrative, and full credit is given to them for the part they played in the work of this organization.

American Nurses' Association at the Reception to Colonel Lindbergh

IT is a new experience for the American Nurses' Association to be given the privilege of representation upon a committee to welcome a returning hero. In connection with the general Reception Committee to Colonel Lindbergh, a subcommittee was appointed of which Mabel Boardman was chairman, known as the Women's Committee. Twelve associations, nearly all national in character, were represented. Among these were the Daughters of the American Revolution, the National Federation of Women's Clubs, the National Association of American Penwomen, the American Legion Auxiliary and one or two other patriotic associations. While there was little for the committee to do, they at least acted as a clearing house for requests which came from individuals and organizations who desired to participate. Some of

the requests were rather amusing. There was the individual who wished to crown Colonel Lindbergh with a laurel wreath, another who wished to scatter flowers in his path, while still another seemed to be thirsting to hang a lei around his neck. New organisations seemed to spring up over night, as requests were received from many, the names of which were totally unfamiliar to the committee. The committee presented to Mrs. Evangeline Lindbergh some beautiful roses and a handsome silver vase with the inscription thereon, "Presented to Mrs. Evangeline Lindbergh in appreciation of Mother and Son, by the Women's Committee, June 11, 1927, Washington, D. C." It was a wonderful occasion, and the national director of Red Cross nursing felt that it was an unusual privilege to be asked to represent the American nurses. The ovation was extraordinary, even exceeding that which was accorded to General Pershing upon his return. Both mother and son were remarkable in their bearing, grace and appearance, modest yet possessing great poise. It would be refreshing if more speakers were like him. He was brief and to the point, used excellent English, made no effort for oratorical effect, spoke without notes and without self-consciousness, but always leaving one particular thought with his audience. As a speaker at any age he would have been remarkable, but for a lad of twenty-five he was exceptional.

More and More Disasters

IN addition to the continuation of the floods in the Mississippi Valley and the closing of several relief operations in Arkansas and elsewhere, two new ones occurred in early June, one a cloudburst in eastern Kentucky of considerable magnitude and the other of a similar nature at Maurry City, Ohio.

In Kentucky ten counties were affected, necessitating the establishment of Red Cross headquarters in Lexington, with an administrative staff. Katherine Faville, Red Cross nursing field representative for Kentucky and Indiana, proceeded to that point and immediately organised the nursing service. Practically twenty nurses have been used, largely in connection with preventive work, inoculations, etc. The following extract from Miss Faville's official report, descriptive of these, gives some idea of the situation and the fine spirit shown by these devoted missioners of health:

> No figures can tell the story of the amount of work that has gone into the giving of these inoculations. The flooded territory is of two types. Along the railroad it is thickly settled with small mining camps, in which it has been fairly easy to organise clinics, in many places the mine doctors assisting. The nurses here have developed definite weekly itineraries, large number of clinics being held each day over the flooded area. In the beginning it took many home visits from the nurses, as well as announcements through churches, and the use of handbills, to get the people to come. After the first inoculation people returned surprisingly well for the others.
>
> Back from the railroad, in every county, there are outlying districts where the people live by farming small patches of land. The cabins are scattered up the hollows along the creeks, which overflowed causing destruction often as great in spots as that caused by the Kentucky River itself. Often the creeks were left full of debris, piles of boulders blocking the way, so that it was impossible for the small children to get out and down to the clinic centers. As these children, who play in the streams and drink contaminated water, live where doctors are usually unavailable, they really need the inoculations more than do those of the camps. The nurses have made special efforts to get to them, walking or riding up the creeks, visiting from house to house, inoculating all members of the family who are at home.
>
> Elliott county, which is completely rural, presented the added problem of having most of its roads and bridges washed away, so that

when the nurses came to go into the county seat, they found that even horses could not get through the trails, and had to walk the sixteen miles over the mountains. Once in, ten centers were established in the county, to which the nurses either walked or rode each week. Here there are very few doctors, so that the nurses have had much of the responsibility for the health work.

This work was closed July fifteenth.

At Maurry City, Ohio, it has again been a question of prevention and sanitation. It has been necessary, however, to send two field representatives, one of whom was Helen Mar Erskine, nursing field representative from Pennsylvania, into this district. Miss Erskine describes the situation in the following manner:

We are as busy as can be and feel better now all the sufferers have dry beds, food and clothing, the water has been chlorinated, wells condemned and streets cleaned up.

I have preached typhoid immunization until I am hoarse, as well as care of toilets, flies, etc. Both the engineer and Public Health man from Columbus have gone back, but we hope to see them back shortly.

I am crossing my fingers as I say it, but there has been little sickness, yet a few people with boils and colds and one woman has had a rather severe reaction from typhoid serum. I feel this is quite remarkable as they were standing and working in water all night and day and had no dry beds until after Miss Riley got there.

Again, the Local Committees on Red Cross Nursing Service have been most effective and have coöperated with the Red Cross in securing and assigning an adequate number of well-selected nurses.

This has been a strenuous year for many of the committees, not only those in the states east of the Mississippi that were visited by disasters, but in the states west of the river, particularly in Missouri, Texas and Arkansas. The promptness with which all of these committees have met the need has been most inspiring and gratifying. Committees outside the affected territories have also offered their assistance, while hundreds of individual nurses have wired, telephoned or written offering their services. Red Cross chapters maintaining nursing services have been very quick in offering to lend their nurses. This assistance has been greatly appreciated as the nurses in these circumstances were familiar with the territory and could be spared with less disturbance to programs than those who might have been connected with Visiting Nurse Associations or engaged in institutional work.

The last word on June 27 from Miss Havey in the "flood area" shows 110 nurses on duty, 69 of these were in refugee camps and 41 in the follow-up work, operating in four states—Arkansas, Louisiana, Mississippi and Tennessee. Plans were being perfected to close the office about July 1 in New Orleans, and bring the disaster unit to Washington. This arrangement, however, provides for state supervision.

Personal Notes

KATHERINE WILLIA CAMERON, a member of the Red Cross enrollment for several years, and a graduate of a special course at Teachers College, has been appointed by the American Red Cross to succeed Helen Dunn, who has been working in Santa Croix, Virgin Islands, for the past two years. It will be recalled that the American Red Cross maintains two nurses in the Virgin Islands, one of whom is Lucy Gillette, who acts as general field representative with headquarters at St. Thomas.

Enrollments Annulled

THE enrollment of the following American Red Cross nurses has been annulled but their appointment cards and badges have not been returned. It is to be noted that

appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled. Mrs. John Bell, *nee* Sara Agnes Taylor; Louise Bruch; Elizabeth Busby; Mrs. Mark Dennison, *nee* Mary Elizabeth Koss; Mrs. Donna Margaret Dunkin, *nee* Doane; Maxie Elizabeth Forant; Mrs. Edna Rae Ford, *nee* Custer; Mrs. A. F. Hagan, *nee* Marie C. Kearin; Mary Margaret Hogan; Mrs. Jeannette Hogue; Mrs. Minnie Ethel Johnson, *nee* Williamson; Mrs. A. V. Kaiser, *nee* Eva Ervana Bowman; Mrs. John S. Kane, *nee* Ethyl H. Mainville; Agnes G. MacKay; Mrs. Elizabeth Madison; Mrs. Edward Marshall, *nee* Josephine M. Madden; Marie Elizabeth Mortimer; Eleanor Louise Payne; Estella Petty; Nelle Rehrer.

Our Contributors

Mary E. Gladwin, R.N., who will shortly become Principal of the School of Nursing at St. Mary's Hospital, Minn., has made surveys of schools in a number of states. Her keen analysis of and sympathy with the problems of small schools is therefore based on personal observation as well as the recorded experience of others.

In telling her own story, **Claire Gilstrap, R.N.**, hopes to remind other nurses of the importance of the early symptoms of tuberculosis whether observed in themselves or in others.

Although **Lucy Brinkerhoff, M.A., R.N.**, uses the work of her colleagues in another school to illustrate much of her article on Home Hygiene Classes, she is herself an important member of the faculty of Wadleigh High School, New York City. She is a graduate of Ohio Wesleyan, of St. Luke's Hospital School for Nurses (New York) and postgraduate of Teachers College, New York.

There is more than a little "food for thought" in the notes from **Dr. May Ayres Burgess'** preliminary study of private duty. Whether we will it, or not, changes in private duty are coming about through social and economic pressure. It is extremely important that nurses should themselves guide the movement.

Mildred Constantine, B.A., R.N., finds the Home-Made Diet Desks she had made at Montefiore Hospital (New York) thoroughly satisfactory.

Dr. Blanche E. Sterling is connected with the Child Hygiene Section, Division of Scientific Research of the U. S. Public Health Service. Her interest in women and children is clearly manifest in her article. **Lucy Minnigerode, R.N.**, as is well known, is Director of Nursing Service for the same federal service.

We are indebted to **Dora C. Saunby, R.N.**, and to **Sister Romana, R.N.**, for the notes on the nurses' residences they have so happily opened within the past year at Michael Reese Hospital in Chicago and at St. Francis Hospital in Evanston, respectively.

The note on Silver Nitrate Solution is authoritative, as it was prepared by **Dr. B. Franklin Royer**, who is Medical Director of the National Committee for the Prevention of Blindness.

An industrial nurse, **Winifred Hardiman, R.N.**, is not only an enthusiastic alumna of the Hartford School of Nursing, but an active promoter of many professional activities.

Mary P. Connolly, R.N., has hit on a vivid method of demonstrating the newer thought of nursing in its relation to society.

Ruth Davis, R.N., Superintendent of Vaughan Memorial Hospital, Selma, Ala., has not told "the half" of the good times enjoyed by her nurses at their Club House in the country.

Although **Mary Brooks Eyre, R.N., Ph.D.**, is now Professor of Hygiene at Claremont College, Pomona, Calif., she has by no means lost her interest in nurses or nursing education.

Cordelia Cowan, R.N., B.S., is Instructor of Nursing at the Woman's Hospital, New York.

After Six Weeks

By E. C. S.

School of Nursing, Rochester University, Rochester, N. Y.

QUEER the way you jog along, contented with a narrow sphere, until you know a wider one! You cannot ever quite go back again to the same crowded corner and the same stunted vision. These first six weeks of hospital life, that have gone so quickly, have opened up a whole vista of possibilities I only vaguely apprehended before.

First of all, it has been a lesson in social contacts, in the enigma of personality. You get fifteen people stretched out in standardized beds, in identical nightgowns—fifteen heads propped up on pillows—but are the faces standardized? At first I said yes, just ordinary people thinking ordinary thoughts, a shrine of commonplace. But now I am inclined to think there are no "ordinary" people in this world—a thought that is doubtless bromidic, but seldom sincerely believed. Each has a private heroism, each has some little foible all his own that nobody else has. And in spite of yourself, you cannot help getting fond of them, each in a different way, sometimes for their very cussedness. It is a fascinating game, this playing hide-and-seek with people behind the barricades of their reserve.

In the second place, it has given me a small but vivid cross-section of life in its bleaker aspects. Heretofore, my experience has been largely by proxy. I knew that people were sick and that they died. I knew that some have disobeyed the laws of nature and society, and that they paid the penalty of physical and moral degradation. But these things never meant so much to me. They still don't mean so much as they will when I am older. And yet, when I had to feed a man who was dying because he had transgressed these laws, it came over me with a flash that this man should have had his help years ago, before he had got off the track. It was a more graphic picture of the necessity of preventive medicine and social regeneration than I could have got in any other way.

Yet it has not destroyed my faith in human nature to get this glimpse. For there is no other place where the indomitable courage of people shines forth quite so clearly:

> The message of Vesuvius
> May contradict a Hope,
> Yet men will build and build again
> Upon a lava slope.

And it is good to see the glints of light comedy that do sometimes light up the darkest situation. Touched and amused, you pity while you smile.

To be allowed to work in coöperation with so many people, to be a minor cog in a very large machine, has also been a revelation. It is a touchstone for measuring individual worth. If nursing has so recently evolved from an occupation to a profession, that evolution is not yet complete. Each one is helping to further that evolution or hinder it. And I have seen both sorts. It seems to italicize the responsibility of each nurse to her profession, whether she wills or not.

In general, however, my admiration has been superlative for the qualities of mind and heart that I have seen at work. I feel increasing wonder as I perceive dimly the problems that must be involved in the management of such an institution, and at the people that arise to meet these demands. It seems to set a pace.

Of course I could not work for six weeks elbow to elbow with so many and not find out about myself things I had not known before. Placed so wholly on my own mettle, without a family or a reputation to help me, I was somewhat joggled out of my rut. It shakes you at first, and then it stabilises. Often disappointed in yourself, feeling very unintelligent, it leaves you feeling chastened and diminished.

Yet with it all, these six weeks have been too long and taken me too far for me to be willing to retract. I suspected that one could not be quite satisfied with any work that did not mean hand-service as well as mind-service, and now I know that it is true. Who is willing to go back to subjectivity after six weeks of even partially successful objective living? It was Carlyle that said, "Blessed is he that has found his work."

And What about Toys?

By Beatrice L. Rose

Central School for Nurses, University of Minnesota

Now that the child is old enough to be playing with something, we should get him some toys, a pop gun, a serviceable picture book, some bright colored blocks with meaningless rhymes, a celluloid duck, a fuzzy dog; oh, yes, and a teddy bear. Shower him with everything that you can see which pleases you, everything which the mercantile mind has conceived for his pleasure, but keep him amused whatever you do. Of course, he can't possibly play with all of them, but then perhaps he will someday.

No, stop to think, his is the "Golden Age," the age of beginnings, beginnings of habits, beginnings of character. Out of them come the man with his emotions, his likes and his dislikes, his reactions to people and things. Where do we lead him? Is his play constructive?

As soon as the child is old enough to really play with toys, he is old enough to create. Give him a chance. Do not place before him the finished product. Give him the materials and let him finish. Give him a crayon and a sheet of paper and the scribble picture he makes will mean a thousand times more to him than any Mother Goose book ever could. Give him modeling clay, or a few old boards and boxes, anything he can experiment with himself, and he will surprise you. Give his imagination full reign, but guide it. Make him see that you are sympathetic: above all, never laugh at his all too comical efforts. Make all of his play lead to something, but never let him feel your guidance. Do away with the expressionless doll with the long curly hair, and stiff body clothed in a single garment and put in its place the toothless but smiling baby doll holding out its arms to be dressed. Make the play and toys mean something; in short, be constructive.

Miss McLaughlin Resigns

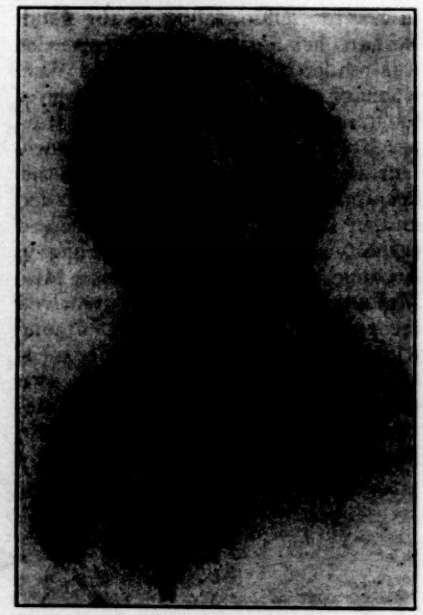
By Lystra E. Gretter, R.N.

THE many friends of Emily A. McLaughlin regret to learn that she has resigned her position as principal of the Farrand Training School for Nurses, Harper Hospital, Detroit, and will spend some time in travel before assuming other duties.

Miss McLaughlin's achievements in her chosen field of nursing make her name an honored one in her own country and abroad. During her student days in the Farrand Training School, she gave evidence of such marked administrative ability that, later, she was appointed assistant to Mrs. Lystra E. Gretter, who was then principal of nurses, working with her until the latter's resignation in 1907. For the next four years she was associated with Mathilde Krueger and then succeeded Miss Krueger as principal of the Farrand Training School, the fourth person to hold this important office since the school was founded in 1884.

High standards, broad sympathies and fine leadership are her conspicuous qualities. She has always been actively interested in the alumnae of the Farrand Training School, the district, state and national nursing organizations and to each she has made a noteworthy contribution. Miss McLaughlin has held the office of president in many of the nursing organizations of the state; she has served on legislative committees and the Michigan State Board of Registration. The particularly efficient manner in which she directed the plans for the Biennial Convention of the three national nursing organizations which met in Detroit in 1924 won the unqualified admiration of the nursing leaders of the country.

Throughout all her work Miss McLaughlin has shown in large measure the qualities which mark the capable executive, but the heavy responsibilities and the many vexing problems of the administrator have never prevented her from giving cheer and comfort to the individual patients under her care. Her graduates, who may be found in many countries, engaged in all types of nursing service, regard her not only as their valued teacher but as their treasured friend and continue to seek her guidance and counsel. What they and her host of other friends love best is her cheery, happy comradeship, her loyal and steadfast friendship, her Irish wit and keen sense of humor.



Emily A. McLaughlin

Her Red Cross badge carries three service bars, denoting her work under that flag. During the Spanish American War, Miss McLaughlin was sta-

tioned at the Presidio Hospital, San Francisco, Calif. In 1912 she headed a group of Detroit nurses in relief work in Dayton, Ohio, following the flood. Perhaps her most conspicuous service was rendered during the World War, when for two years she was in charge of the unit of sixty-five nurses at the Harper Hospital, Base 17, Dijon, France. During the March offensive, 1918, this hospital cared for 700 British wounded and in the summer drive it received casualties from the Chateau Thierry, Argonne and St. Mihiel battles. Miss McLaughlin's able service received recognition in many ways, among which were distinguished service medals from France and from her own country. When the Prince of Wales visited Washington, D. C., in 1920, Miss McLaughlin was decorated by him with the British Order of the Royal Red Cross. The beautiful Nurses' Home at Harper Hospital, which was erected in 1922 by Senator James Couzens as a memorial to the Harper nurses who had served in the war, bears the name, The Emily A. McLaughlin Hall.

[Mary S. Power, who will succeed Miss McLaughlin, takes to her new post in the fine old school at Harper's a rich background of preparation and experience. She was graduated successively from Normal School, the Massachusetts General School of Nursing, and Teachers College, New York. She has held positions in the hospitals of the University of Michigan and the University of California, has been assistant director of Nursing at Lakeside Hospital, Cleveland, and part-time instructor at Teachers College. Under such guidance it may safely be assumed that the Farrand Training School will build nobly upon its past achievements.—ED.]

Nursing, A Profession

IN any field of human effort the difference between profession and mere practice consists largely in the presence of ideals and of training.

It was not until Florence Nightingale introduced these two new elements into the care of the sick, helpless, and injured, that nursing was elevated from the menial estate associated with the hospital scullery, to the status of a recognised profession.

To do this she used the force of her example, made especially conspicuous by her high social position; of her precepts, notably her classic Notes on Nursing; and of her practice, in actually establishing training schools for nurses at St. Thomas's Hospital in London, and elsewhere.

Among the ideals which she so earnestly and successfully infused into the new profession were *moral integrity* in the nurse's relations with her patient, the attending physician, and the general public; *responsibility*, involving self-control, silence, and a worthy purpose; *sympathy*, and a *conception of life itself as an art*.

The training which she instituted was to be more than a discipline of the hand; it was also to include a measure of understanding of what was being done.

For making public opinion perceive and act upon the perception that nursing is an art, the lay world is more indebted to Florence Nightingale than is the profession which she founded.—From a Commencement Address at Miami Valley Hospital, by P. F. Bloomhardt, Ph.D.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

Rest at Fairview

AT a recent meeting of the Essex County Massachusetts Nursing Association, the ways and means of securing an adequate income or fund for the support of "Fairview," the Nurses' Rest Home, were discussed. It was voted that the alumnae of the various hospitals in the state each contribute one dollar; the month of June to be remembered as "Fairview month," as it was four years ago this June that the House was opened for nurses. The Association voted to contribute fifty dollars toward the support of the Home.

A word as to the purpose and aim of the Rest House. (See *American Journal of Nursing*, June, 1925.) Mrs. L. Carteret Fenno of Boston, who has a country home near by, gave the house and furnishings and cares for the upkeep of the grounds and property. The aim is to give any student nurse and graduate from any part of the country a place or home in which to spend from one day to two weeks at a minimum cost. The rate for student nurses is $1.00 a day; for graduates $1.50 a day and for friends of nurses $2.00 a day.

Undoubtedly, many reading this letter remember with pleasure the charming New England village, the rambling farmhouse made modern in every respect; the lovely grounds and walks about "Fairview," and all in all a feeling that here is a home where one relaxes mentally as well as physically, a fact due, perhaps, to the kindly understanding of the hostess, Christena Wieck.

The House, open the year round, gives to many students and graduates those few days' rest so often necessary for the successful recovery from an illness. This is an ideal place to rest and to be in the great outdoors, and in winter for snowshoeing and skating. An air of quiet good cheer prevails everywhere, from the simple but tasteful sleeping rooms to the living rooms comfortably furnished for rest or recreation. Any one of the numerous windows in the spacious house frames a delightful bit of New England landscape that changes with the seasons. In the summer thriving gardens yield their products for the table or beautify the surroundings with their blooms. Opportunity is afforded for those interested to follow up nature study. From an elevated point one can glimpse the Atlantic, and transportation by motor enables one to enjoy surf bathing.

The hostess has seen many of her guests enter the home listless, tired and without appetite, but unable long to resist remaining outside the happy, healthy family and, when it is time to leave, as refreshed, encouraged beings ready to take up anew arduous tasks that temporarily have had to be abandoned.

"Fairview" is more than a rest house. It fills a need for many nurses. Through the united and coöperative efforts of the nurses, Mrs. Fenno, and friends, the results have been a splendid home in the most congenial surroundings, and the one hope is that nurses will so appreciate and help to support "Fairview" that it may continue in its good work.

Practical Hints from Japan

FOR some time I have been thinking of telling you how very much I do enjoy and profit by the *Journal*. And now I have decided to send a few hints that have helped me and which I hope, if you see fit to publish, may help someone else, perhaps someone in some other mission field. That someone might even be one of my schoolmates, for out of a group of about nineteen graduates from a small school in Pennsylvania, which was in existence only a few years, four are either in the mission field or are under appointment to go.

1. Relieving labor pains. A patient in the first stage of labor is much relieved during her pain, if she stands in a leaning position, holding on to a substantial piece of furniture. That much most nurses know, but the relief a nurse can give during that time was a revelation to me. She stands back of the patient and makes firm pressure inward and downward with her hands placed so that the span of both hands encircles the waistline across the back, the fingers over the hip bones and the thumbs toward the spine, or, better, the span of each hand encircles the upper border of the crest of each ilium. I've had patients tell me this was a tremendous relief and it is such a satisfaction to be able to feel at least as though one is not idly standing by helplessly watching the patient suffer. We can find no contra-indication for this procedure and, as far as we can learn, there is no danger in doing it.

2. Method of keeping patients' thermometers. Insert the top of the thermometer

into an opening in the bottom of the cork to a small bottle of alcohol. Be sure the bottle is tall enough that the mercury end of the thermometer will not touch the bottom of the bottle. The alcohol can't evaporate, and dust can't get into the bottle.

3. Rubber covers for flasks. I just discovered the other day that an old rubber glove finger often fits snugly and without tying over flask tops.

Some of you may know all of these tricks, others may know some, but I'm hoping some may be enlightened a bit.

Japan. A. S. V.

Private Duty in Detroit

WE are coming to you again with the same plea made some months back, namely, that private duty nurses be informed through your publication of the nursing situation in Detroit. There have been for the last several months many more nurses on the Registry than could be kept happily employed. Though we are very glad to welcome nurses outside our district, it seems unfair to allow them to come into the city and register only to find, without informing them before hand, that there is nothing for them to do. We, therefore, urge that the nurse, in every instance, inform herself, by writing to our Registry, 51 West Warren Avenue, of the prevailing conditions before she makes her plans. The question of "Why" this oversupply of private duty nurses in all the large centers is naturally often in our minds, but it is very evident that this question cannot be answered until a very thorough study has been made of the nursing situation as a whole. The Private Duty Section, as well as all other nurses of the Detroit District, is awaiting with much interest the report of the Grading Committee on "Supply and Demand."

ELISABETH WESTENDORF, R.N.,
Detroit. Chairman, Private Duty Section.

Appreciation from a Texas Mother to a Principal

MY little daughter has been in that wonderful school of training four months tomorrow, and I can't find words to express how her father and I feel about her. We are so happy because God in His infinite wisdom has seen fit to direct her to that wonderful school of training, and I know she is one of the happiest little girls in all the world because she is where she is. In these four months not a murmur or a fault, in any way, has she ever expressed. She is absolutely in love with her work, her study and everything. She has planned and looked forward, these five or six years, to the time when she would be able to begin the work that she feels that God called her to do, and I am just as sure God called her to this work as He ever called a minister to preach the gospel. I feel that where she is now is the best and most wonderful place in our state, and the sweet Christian influence there for the girls is the best part, for without that, I am sure Melba and many others who have been reared in Christian homes would not be so well satisfied.

Mrs. Jolly, allow me to say this to you, that your sweet influence over the girls is worth so much to them, and I pray that God will see fit to spare you many years that you may be able to train and send out many girls in our great state as real Christian nurses. I think it is the greatest work a girl can take up, though I was not willing for mine to do it at first when she told me that was what she intended to do, but as I studied and prayed over it, I was convinced that God had called her to do this as her life work.

Journals Wanted

THE Sisters of Mercy, Dodge City, Iowa, would like: 1918, October, November, December; 1919, January, February, March, May, June, August, September, October, December; 1921, February through December; 1922, all, but September; 1923, January, February, April, July, August, October; 1925, July through October; 1926, August through November.

Elsie B. Cantwell, Methodist Episcopal Hospital, Philadelphia, Pa., would like: 1900, January through May, October through December; 1901, all; 1902, all; 1903, all except March and June; 1904, March, May, June, July, September through December; 1905, January through May, September, October, November; 1906, April through August, November, December; 1907, January, March, May, June, July, August, October through December; 1908, January through October; 1909, February, July, October through December; 1910, January, April, June, July, August, October, December; 1911, February, through May, July through December; 1912, all; 1913, January through May, July through December; 1914, April, May, June, December; 1915, January, February, June, September; 1916, January, March; 1917, April, May, June, July, August; 1918, all; 1919, all, but December; 1921, March; 1922, June, July; 1925, January, February, July, August, September, October; 1926, January, May, September, December.

Questions

The editor welcomes questions and will endeavor to secure authoritative answers for them.

20. What is the Karrell Diet?

Answer.—A Karrell Diet or "Karrell Cure" is given for myocarditis. The idea of the diet is to give small amounts frequently. For the first five to seven days 200 cc. (7 oz.) of milk should be given at 8 and 12 a. m. and 4 and 8 p. m. *No other fluids should be given. Eighth Day:* Milk as above; 10 a. m.—one soft boiled egg; 6 p. m.—two pieces dry toast. *Ninth Day:* Milk as before; 10 a. m.—one soft boiled egg, two pieces dry toast; 6 p. m.—one soft boiled egg, two pieces dry toast. *Tenth Day:* Milk as before; 12 noon—Add chopped meat, rice boiled in milk, and vegetables to menu. No salt is used. Salt-free butter should be used. The chief points in this diet are: Limiting of fluids, low salt content, elimination of toxins, antitoxic effect, soft foods easily digested, causing no distention.

21. How may high blood pressure be reduced?

Answer.—Blood pressure may be reduced by eliminating salt and salty foods from the diet, also red meats, as beef and lamb. Chicken and lean pork or veal may be taken. Salt-free butter should be used.

22. What is a normal blood count?

Answer.—Approximately 5,000,000 red blood corpuscles to the cubic millimeter and from 5,000 to 10,000 white. A "differential count" means the percentage of the different kinds of white cells which make up the total.

23. What are the methods of giving blood transfusion?

Answer.—Three methods are described in Harmer's "Principles and Practice of Nursing."

(1) In the UNGER METHOD blood is transferred directly, by special apparatus, from the artery of the donor to the vein of the recipient.

(2) In the LINDEMAN METHOD 20 cc. syringes with special cannulas devised by Dr. Lindeman are used. Three people are required to perform this method. One withdraws blood into a syringe from the donor and passes it to the second doctor, who injects it into a vein of the recipient, then passes the empty syringe to the third operator, usually a nurse, who washes it out with sterile saline solution before passing it to the first doctor. This is repeated until the desired amount is given or until the donor shows signs of weakness. This can be done quite rapidly by experts with little danger to either patient or donor, and the amount withdrawn and injected can be accurately reckoned.

(3) The third method is called the "citrate method." It consists in withdrawing the blood from the donor into a flask (warm) containing sodium citrate which prevents the blood from clotting. The blood in the flask is stirrred very gently with a glass rod in order to mix the citrate evenly without causing injury to the cells or clotting. This may be kept several hours. It is injected into a vein of the recipient in the same way as a saline infusion. A flask of normal saline will also be necessary. The saline is first injected to insure that the needle is properly inserted in the vein and after the blood is injected to insure that all the blood will be washed from the tubing and needle into the vein so that none will be lost.

The "citrate method" is now used very extensively, and during the recent war was a means of saving many lives. The results from this method are said, by those who use it, to have been satisfactory. The amount given is accurately known. It occasions the least inconvenience and is the least energy- and time-consuming for both donor and recipient. It is the least difficult method and is best adapted to ordinary practice, and therefore serves a wider use. It is particularly valuable in cases of emergency as, for instance, where used for the purpose of replacing blood lost in a severe hemorrhage.

24. It has often been said that the working life of a nurse is only ten years. Is it true that nurses die young?

Answer.—So far as we are aware, no comprehensive statistics on the subject have been compiled. The fact that strong insurance companies are now writing excellent policies for nurses would seem to indicate that the statement is unfounded. Even in private duty nursing, probably the most taxing because the most irregular as to hours, there are many examples of very long periods of service. The preliminary studies of the Grading Committee indicate that 52 per cent of the private duty nurses replying to the questionnaire plan to leave private duty, but there are very many reasons advanced, health by no means always being the deciding factor.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

Problem XIV

A SIX-YEAR-OLD girl was brought into the hospital by one of the local doctors. He ordered her prepared immediately for an appendectomy. The child looked perfectly well and walked into the hospital. She had no rise in temperature and a pulse of 82. The doctor ordered a hypodermic of morphine gr. 1/8; atropine gr. 1/100; hyoscine gr. 1/100. The doctor was asked to write the order and did so.

A. Should the nurse have carried out that order?

The dosage of certain drugs changes to such an extent, and the opinions differ to such an extent, that the dose ordered might appear to be disastrous, while according to "recent research" it is, at the time, considered perfectly correct In such circumstances the nurse should consult the doctor, stating that the dose appeared to be an adult dose, and asking if he wished it given. If a student nurse had discovered this dose and was a little embarrassed about asking the doctor, she could have referred it to the supervisor or head nurse. One is of the opinion that if the doctor wanted the dose given as ordered, after his attention had been called to it, that it was the nurse's duty to give it, but that she should not have given it until his attention had been called to it. In case the order was written and the doctor's attention called to it, the nurse should not be permitted to modify the dose. The doctor is the legally and professionally liable party.

The child was given the hypodermic as ordered and was presently taken to the operating room. The nurse gave the anæsthetic, two ounces of ether. The child was awake before she left the operating room. Two hours later, the child's pulse "went bad" and the child died almost immediately.

B. Does the blame fall on the doctor or the nurse? The relatives think that the child died from the anæsthetic. They know who gave the anæsthetic. What is the nurse's duty as to her own reputation? If the anæsthetist were employed by the hospital and part of the hospital team, legally the doctor would be responsible. If, however, the nurse anæsthetist were working individually, she might possibly be held responsible.

The anæsthetist should know what the preoperative medication had been and she should have called this seemingly large dose to the doctor's attention. If he still wanted the anæsthetic given, he would be entirely to blame.

Without an autopsy it is impossible to know what killed this child. It appears probable that it was one of those unfortunate occurrences for which no one is to blame, but regardless of the cause of death it is impossible to shift any portion of the responsibility from the shoulders of the physician for what happened to his patient while under surgical treatment initiated by him. It was his responsibility: *First*, to have made a careful examination of the patient as to heart and kidney conditions, prior to operation; *second*, to have secured a competent anæsthetist; *third*, to have given adequate post-operative medical supervision to the patient.

C. What was the nurse's duty as to her own reputation?

She should tell the physician if she thinks that her professional reputation is suffering an injustice on account of what happened to his patient and ask him if he does not feel that he can conscientiously defend her. If he declines, there is nothing that she can do or say, with dignity, to defend herself. Any move or expression on her part to escape blame which is obviously not hers, might seem to be actuated by anxiety on her part to fix blame and magnify it.

"Accepted as indispensable in the field of remedial medicine, and heralded as an essential worker in the field of preventive medicine, a great adventure awaits the nurse—intensely individual in its contacts, international in its scope. In the world-wide crusade for universal health her part is epitomized in the trenchant demand for the humanizing of knowledge, for the new program demands of her the dual function of practitioner of nursing and teacher of health."—Annie W. Goodrich, Foreword, "Year Book, Yale University School of Nursing, 1927."

NEWS

[NOTE.—News items should be typed, if possible, double space, or written plainly. Great pains should be taken with proper names. All items should be sent to the *American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.]

American Nurses' Association

The Nurses' Relief Fund is indebted to the Alumnae Association of the Los Angeles Emergency Hospital for a 7 per cent Bond of the Los Angeles Nurses' Club. The Association is disbanding because of the few remaining members and the American Nurses' Association is sincerely appreciative of this generous gift.

Nurses' Relief Fund

REPORT FOR JUNE, 1927

Balance on hand May 31, 1927	$16,103.48
Interest on bank balances	35.22
Interest on investments	847.76
Reprints sold	2.50
	$16,988.96

Contributions

Arizona: Dist. 1, $4; Dist. 7, $5; collected at state convention, $7	$16.00
California: Dist. 1, $16; Dist. 3, $5; Dist. 4, $22; Dist. 5, $75.50; Dist. 7, $21; Dist. 10, $3; Dist. 12, $77; Dist. 18, $69; Dist. 24, $32; Los Angeles Emergency Gen'l Hosp. Alum., $100	420.50
Hawaii: Nurses' Assn.	1.00
Iowa: Dist. 2, $60; Dist. 4, $7	67.00
Kentucky: Jefferson County Graduate Nurses' Club, $10; State Assn., $100	110.00
Louisiana: Schumpert Hosp. Alum. Assn.	$5.00
Massachusetts: State Nurses' Assn., $200; Norfolk and Suffolk County Branches, $20; Middlesex County Branch, $25	245.00
Michigan: Battle Creek Dist., individual members, $5; Nichols Hospital Alum. Assn., $2; Detroit Dist. Nurses' Staff, Dept. of Health, $61.50; Women's Hosp. Alum. Assn., $33; Grace Hosp. Alum. Assn., $16; Children's Hosp. Alum. Assn., $2; Marquette Dist., $9; Muskegon Dist., $2	130.50
Minnesota: Individual member, $1; St. Joseph's Alum. Assn., St. Paul, $91.50; Bethesda Alum. Assn., St. Paul, $5; Ancker Alum. Assn., St. Paul, $16; St. John's Alum., Red Wing, $23; Dist. 5, $5; St. Luke's Alum., Duluth, $10	151.50
Missouri: Christian Church Hosp. Alum., Kansas City, $42; Dist. 3 (St. Louis), St. Luke's Hosp. Alum. Assn., $4; Missouri Baptist San. Alum. Assn., $2; Dist. 6 (Hannibal), individual member (commissions on *American Journal of Nursing*), $4; Burge Hosp. Alum. Assn., Springfield, $15	67.00
New Hampshire: Graduate Nurses' Assn., $60.75; Community Hosp. Alum. Assn., Keene, $10; New Hampshire State Hosp. Alum. Assn., $10; individual gift, $2	82.75
New York: Dist. 2, collected at annual meeting, $20; individual member, $1; Dist. 4, proceeds from Bridge Party given by alumnae associations of all Syracuse hospitals, $172.95; Dist. 6, House of Good Samaritan Alum., $50; Dist. 7, Thanksgiving Hosp. Alum., $10, Little Falls Hosp. Alum., $10; Dist. 13, individual member, Post-Graduate Hosp.,	

$10; Dist. 14, Student Body of Cumberland Hosp. School of Nursing, $10; St. Catherine's Hosp. Tr. School Alum., $25; Long Island College Hosp. Tr. Sch. Alum., $25		$333.95
North Carolina: State Nurses' Assn.		100.00
Pennsylvania: Pottstown Hosp. Nurses' Alum. (7 members)		8.00
Rhode Island: Student Nurses of Rhode Island Hosp. School of Nursing		15.00
South Dakota: Dist. 1		23.00
Vermont: Brattleboro Memorial Hosp. Alum. Assn., Brattleboro		15.00
Washington: Dist. 2, Seattle, $5; Dist. 3, Tacoma, $13; Dist. 4, Spokane, $88; Dist. 8, Yakima, $9.75		115.75
Checks lost in transit cancelled		45.00
Total receipts		$18,940.91
Disbursements		
Paid to 159 applicants	$2,330.00	
Salary	100.00	
Invested Los Angeles Nurses' Club	100.00	
		2,530.00
Balance on hand June 30, 1927		$16,410.91
Farmers' Loan and Trust Co.	$4,914.03	
National City Bank	6,009.39	
Bowery Savings Bank	5,487.49	
	$16,410.91	
Invested Funds		116,575.87
		$132,986.78

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the Chairman is not known, then mail the checks direct to the Headquarters office of the American Nurses' Association at the address given above. For application blanks for beneficiaries, leaflets and other information, address the Director of the American Nurses' Association Headquarters.

The Isabel Hampton Robb Memorial Fund

REPORT TO JULY 9, 1927

Previously acknowledged		$31,961.07
Contributions		
Iowa: Dist. 7, $10; Methodist Hosp. Alum., Des Moines, $5		15.00
Kentucky: State Nurses' Assn., $25; Jefferson County, Graduate Nurses' Assn., $10		35.00
Massachusetts: State Nurses' Assn., $200; Suffolk and Norfolk County Branches, $15		215.00
North Carolina: State Nurses' Assn.		10.00
Rhode Island: Homeopathic Hospital Alum. Assn., Providence, $5; Rhode Island Hosp. Training School, Providence, $10		15.00
Vermont: State Nurses' Assn., $10; Brattleboro Memorial Hosp. Alum. Assn., Brattleboro, $10		20.00
		$32,271.07

The McIsaac Loan Fund

REPORT TO JULY 9, 1927

Balance, June 8, 1927		$1,527.07
Interest		.66
Contributions		
Iowa: Methodist Hosp. Alum. Assn., Des Moines, $5; Dist. 7, $10		15.00
Kentucky: State Nurses' Assn.		25.00
Massachusetts: State Nurses' Assn., $200; Suffolk and Norfolk County Branches, $15		215.00
North Carolina: State Nurses' Assn.		10.00
Rhode Island: Homeopathic Hosp. Alum. Assn., Providence		5.00
Vermont: State Nurses' Assn.		10.00
		$1,807.73
Disbursements		
June 18, Loan	$100	
" 18, Loan	200	
July 8, Loan	200	
" 8, Loan	200	
		700.00
Balance, July 9, 1927		$1,107.73

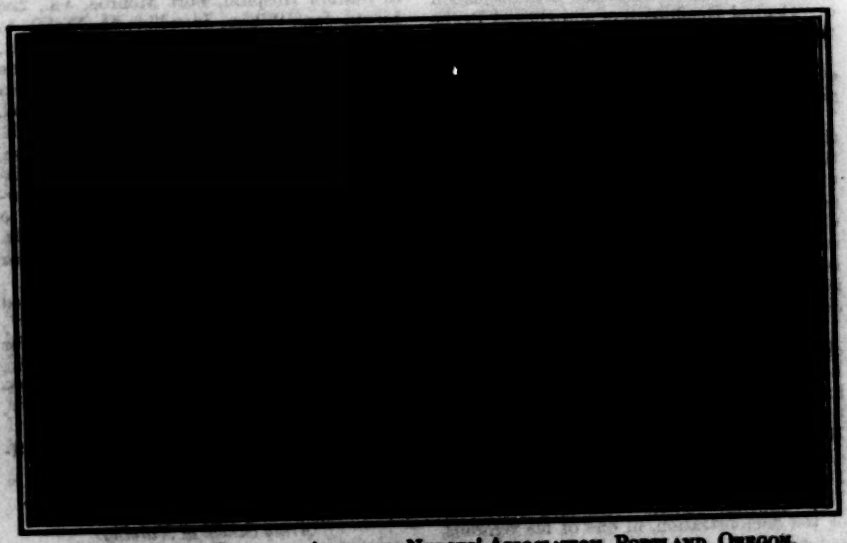
Annual contributions to each fund are desired from alumnae, district and state associations. Checks should be made out separately and sent to the Treasurer, Mary M. Riddle care *American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

Northwestern Division

The fifth biennial convention of the Northwestern Division of the American Nurses' Association was held in Library Hall, Portland, Ore., June 13 and 14, with about 300 in attendance. Planned, as it was, to follow hard on the heels of the National League of Nursing Education meeting, a considerable number of nurses from other states attended also. Visitors from national headquarters and from the national organizations were: Carrie M. Hall, Blanche Pfefferkorn, and Marion Rottman, of the National League; Mary M. Roberts, the *Journal;* Agnes G. Deans, Janet M. Geister of the American Nurses' Association; May Ayres Burgess of the Grading Committee; M. Helena McMillan, Chicago; Josephine Thurlow, Cambridge, Mass.

Grace Phelps, "Oregon's Own," president of the division, presided. Rev. Father Tobin opened the meeting with prayer. The addresses of welcome were given by Dr. Willard B. Morse, Mr. Bigelow, Acting Mayor, and Mrs. Ruby Emery Buckle, President of the Oregon State Association. May S. Loomis of Seattle responded. With characteristic but astonishing modesty Miss Phelps gave the place assigned her for a presidential address to the Editor of the *Journal*. Miss Roberts spoke on the "Power of Organization," and pointed out the relation of the national magazine to the development of all professional programs.

Dr. May Ayres Burgess presented one of the series of charts which she had shown in other cities and, in her usual brilliant fashion, gave a much appreciated report of the "First Study of Supply and Demand of Nurses." "The Relative Value of Various Types of Teaching" was the subject of a very able paper by Sister John Gabriel, the brilliant and coöperative director of the Schools of Nursing of the Sisters of Providence in the Northwest. Louise W. Gerrish, inspector of schools for Idaho, sent a paper on "Difficulties of Small Schools," which bore the stamp of first-hand and sympathetic knowledge. Mrs. Elizabeth



NORTHWESTERN DIVISION, AMERICAN NURSES' ASSOCIATION, PORTLAND, OREGON, JUNE 13–14

Front Row—Flora Kerlee, Agnes G. Deans, Maynes Kube, Grace Phelps (President Northwestern Division), Janet M. Geister (Director at Headquarters, American Nurses' Association), Carrie M. Hall (President National League of Nursing Education), Mary M. Roberts (*The American Journal of Nursing*), May Ayres Burgess (Grading Committee).

S. Soule, in discussing the "Art of Questioning," referred her audience to an article by Sister Gabriel in *Hospital Progress* for February.

Henrietta Adams, of Everett, Wash., modestly gave her time on the program to the so-called "National Group" to discuss "Interesting Young Graduates in Nursing Activities." Mass meetings of students, student sections, and stimulating use of the *Journal* were among the methods enumerated.

A forum in which all phases of nursing were presented proved remarkably stimulating. Janet M. Geister "led off" with "The Nurse in the Changing Order," in which she placed special emphasis on private duty and the importance of providing "small package" nursing for those who do not need or cannot afford to pay for full time service. "Private duty," said Miss Geister, "must take a lesson from business which is successful only so long as it is flexible and meets the conditions about it." The discussion of "Visiting Nursing" by Marian Crowe of Portland, of "Hourly Nursing" by Helen Teal, of Seattle, "Rural Nursing" by Nina Brown, "School Nursing" by Pauline Knudson and "Medical Social Service" by Amelia Feary were all vigorous and profitable. The forum closed with discussion of "Central Headquarters and Official Registries" by Miss Geister.

At a later session Carrie M. Hall, president of the National League of Nursing Education gave a clear and illuminating address on "Educational Trends for Nurses," showing the influence of Public Health Nursing, and the Adult Education Movement; and referring to the reports of state leagues and the Rappelye report on medical education. Mary C. Campbell discussed "Thrift and the Investment Side of Insurance." An illustrated lecture on "Venereal Disease Prevention" was given by Dr. J. Guy Strohm of the University of Oregon.

The social features of the convention were characteristic of Western hospitality. Emily Loveridge, Oregon's great pioneer, gave a luncheon at the Emanuian Hospital and a tea was attractively served at St. Vincent's Hospital. During the luncheon on the second day the nurses of the Marion County Health Demonstration demonstrated a Travelling Health Clinic, and Dr. Walter Brown, director of the demonstration, in one of his vigorous, pungent addresses on "The Problem of Getting Modern Medicine to the Consumer," said that "the barnacles of the medical profession are the cults."

Miss Campbell presided at the banquet at the Hotel Multnomah, a festive occasion where no speaker was permitted to be really serious. One evening was left free in order that the guests might attend "Rosaria," the magnificent pageant in which nightly, for the week of the Rose Festival, three thousand citizens of Portland took part, celebrating the glory of the rose, Portland's flower.

The officers elected are: President, E. Augusta Arms, Great Falls, Mont., vice president, Emily Pine, Boise, Idaho; secretary Flora Kerlee, Warm Springs, Mont.; treasurer, Celia Satterwhite, Seattle, Wash. The invitation given by Miss Kerlee to hold the next convention of the Division in Montana was accepted, the exact time and place to be determined later.

Army Nurse Corps

During the month of June, 1927, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Station Hospital, Fort Banks, Mass., 2nd Lieut. Catherine J. Fina; to William Beaumont General Hospital, El Paso, Texas, 2nd Lieut. Ida May Shievin; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Margaret N. Hennessey, Emily H. M. Weder; to Station Hospital, Fort Monroe, Va., 2nd Lieuts. Jane Wilson, Josephine M. Nesbit; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieut. Eugenie Y. Bergstrom; to Station Hospital, Fort Sheridan, Ill., 2nd Lieut. Cora E. Hicks; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Anna E. Coffey, Genevieve Bergeron, Vera A. Lawton, H. Evelyn Nyquist, Helen M. Drew; to Hawaiian Department, 2nd Lieuts. Ione Featherston, Josephine Palmer, Maidie E. Tilley; to Teachers College, New York, 2nd Lieut. Eleanor L. Palmer, for six weeks' summer course.

Fifteen have been appointed and assigned to the corps as 2nd Lieuts.

The following named are under orders for separation from the Corps: 2nd Lieuts., Marie Blizard, Susan M. Boehm, Ida R. Flugum, Anne Elizabeth Hendricks, Nannie V. Youngren, Mary D. Wetherill.

The Army School of Nursing expects to admit a class of fifty-five on October 1.

JULIA C. STIMSON,
Major, Supt., Army Nurse Corps, Dean, Army School of Nursing.

Navy Nurse Corps

ROSTER FOR JUNE, 1927

Assignments: Nine.

Transfers: To Chelsea, Mass., Ada Chew; to

Great Lakes, Ill., Mary A. Kief; to League Island, Pa., Mary D. Walton, Mary Peoples, Anna L. Merritt; to Mare Island, Calif., Lillian A. Johnson, Alice M. Gillett, Chief Nurse; to Newport, R. I., Mary Louise Kelley, Erna Dieselkamp, Beatrice A. Fahy, Katherine M. Leary; to New York, N. Y., Nellie S. Snow; to Norfolk, Va., Martha E. Whitner; to Parris Island, S. C., Josephine Knight; to Pearl Harbor, T. H., Mary E. Skilling; to Portsmouth, Va., Pharmacist's Mates School, Anna G. Keating; to Puget Sound, Wash., Elizabeth Steiner; to Quantico, Va., Lillian A. Cornelius; to San Diego, Calif., Karolina M. Sundling; to Washington, D. C., Dispensary, Navy Department, Elizabeth G. Mullen; to Washington, D. C., Mary M. Maxey, Bertha R. Marean.

Ethel May DeGarmo has been ordered to the Schools of Nursing, University of Pennsylvania, Philadelphia, Pa., to complete a course in anesthesia.

The following nurses have been separated from the service: Mary Chapman, Marguerite H. Arnold, Sara E. Scattergood, Virginia W. Olds.

J. Beatrice Bowman,
Superintendent, Navy Nurse Corps.

U. S. Public Health Service

Report for June, 1927

Transfers: To Baltimore, Md., Grace Divine; to Cleveland, Ohio, Myra Hartley; to Detroit, Mich., Calista Goss; to Savannah, Ga., Ethel Maynor; to Stapleton, N. Y., Annie Gillespie, Mildred Pratt; to Chicago, Ill., Hattie Haigwood.

Reinstatements: Golda Lloyd, Julia Doyle, Anna Dudte, Orpha Dudte, Mary McLarney, Ruby Busby, Alice Topy.

Assignments: Thirteen.

It is with sincere regret that the death of Thelma Hosking is announced. Miss Hosking died at the U. S. Marine Hospital, No. 7, Detroit, Mich., June 10, following a five months' illness from tuberculosis. Miss Hosking was one of the pioneer nurses of the U. S. Public Health Service Nurse Corps, and her death is a loss to the service.

Lucy Minnigerode,
Superintendent of Nurses, U. S. P. H. S.

United States Veterans' Bureau

Report for June, 1927

New Assignments: Forty.

Transfers: To Fort Snelling, Minn., Johanna Quinnell, Anna Espegren, Margaret Halloran, Anna Gjevre, Helen Guyor; to Aspinwall, Pa., Josephine Zogart; to Excelsior Springs, Mo., Margaret Murdock; to Washington, D. C., Vertie Neff; to Regional Office, Milwaukee, Wis., Zola Clark.

Mary A. Hickey,
Superintendent of Nurses, U. S. Veterans' Bureau.

The Nursing Service of the Indian Bureau

The year has brought about new developments, changes in policies, and more information as to the nursing needs of the Indians and the needs of the nurses now in the Service. The general hospitals for Indians are steadily increasing in the daily average of patients. This means more nurses' positions and better facilities for work. Part of the appropriation will go toward this need. Eight new hospitals will be built this year. Again more nurses.

For the boarding school hospitals, perhaps they should be called infirmaries to convey to nurses the type of work more accurately, some interesting development in health education is being planned. Certain facilities for educational leave can be arranged during the summer months which will increase the nurses' opportunities for professional advancement. In five of the boarding schools of accredited high school standing it is planned to give nursing courses that will meet with the approval of State Boards of Registration for affiliation with accredited schools of nursing. The influence of the many Indian women already in the ranks of graduate nurses can be felt in the pride with which their people allude to them as well as the service that they are giving to their people when they come among them to live or to work.

The nursing work of the tuberculosis sanatoria of the Indian Service is being studied with a view to improving the care. Certain changes in organization of the nursing care will also bring about better conditions for the nurses.

The Medical Division of the Indian Service is the product of very slow growth. There has never been a policy of forced medical service. All recognize that thirty years ago we could live or die as we chose, health education was not. The salesmanship ideas as applied in preventative medicine have reached the isolated areas of the country very slowly. This is the essential factor of all pioneer conditions in health work. In an organization in which the field conditions are widely different from those obtaining in the

location of the central office, the general tendency is toward decentralization—to concede to the local condition, local autonomy. To the nurse accustomed to the highly centralised organisation of hospitals, this decentralisation of the Indian Service seems equivalent to no organisation. The factor which she looks forward to having the most difficulty with, namely, the slowness of the Indian to accept the service, works out more rapidly than this unforeseen difficulty of administrative development. Sincere and patient interest and nursing service will win any human being; departments are more cumbersome. Yet, let it be remembered that the Indian Bureau wants the nursing work well done and the needed adjustments will be made.

It is safe to say that every nurse in the country would rather see the Indians live than die. It is interesting to know that 99 people out of 100 like the work and the Indians. To those who feel the attraction of pioneering, who like to feel that their work is needed, who are willing to escape the feverish activity of city living, the Indian Bureau Nursing Service offers three varieties of hospital positions—general, school and tuberculosis. There are five teacher positions, there are public health nurse positions and there are opportunities for traveling surgical nurses. The initial salary is $1,680 gross. If full maintenance is furnished, $360 is deducted from the gross salary. If only quarters, light and heat are furnished, $180 only is deducted. Opportunity for advancement is being arranged.

Nurses may make a contribution in three ways: first, to organised nursing work; second, to the individual Indians and the Indian people; and, third, to the Federal Service. The return will be commensurate in steady salaries, pleasant working relationships, and that other more durable satisfaction of giving adequate service to those whose need is great.

Indian Bureau

REPORT FOR JUNE, 1927

Appointments: Three.

Transfers: to Fort Lapwai, Idaho, Mrs. Mabel H. Weaver; to Albuquerque, N. M., Mrs. Annie M. Pitt; to Hopi Agency, Ariz., Mittie M. Harris.

The following named nurses have separated from the service, Mrs. Opal McCurdy, Nellie M. Boyd, Mrs. Ruth M. Chaney.

ELINOR D. GARNO,
Field Director of Nurses, Indian Service.

U. S. Civil Service Commission

Applications for graduate nurse and graduate nurse (visiting duty) will be rated as received at Washington, D. C., until December 30. The examinations are to fill vacancies in the Departmental Service, Washington, D. C., in the United States Veterans' Bureau, and in the Indian and Public Health Services, and vacancies in positions requiring similar qualifications. Competitors will not be required to report for examination at any place, but will be rated on their education, training, and experience. Full information may be obtained from the United States Civil Service Commission, Washington, D. C., or the secretary of the Board of U. S. Civil Service examiners at the post office or custom house in any city.

Nurses will welcome the news that in order that the papers of nurses may be reviewed by nurses, an arrangement has been made, whereby such papers will hereafter be reviewed in the office of the Nursing Service of the U. S. Public Health Service and recommendations as to rating will then be made to the Civil Service Commission.

St. Barnabas Guild

Gladys Stephenson, who has been speaking in many parts of this country for the St. Barnabas Guild, has had a second call to return to China, the first one, several months ago, having been cancelled. Miss Stephenson sailed with Nina D. Gage, president of the International Council, in June, and she hopes to reach Hankow, China, early in September. Her address will be Hodge Memorial Hospital, where she will be director of the School of Nursing. There is much distress in that region and need of nursing care.

The Hospital Clinical Congress

The congress which was held in Milwaukee's huge auditorium June 20–24, was unique in its plan and thoroughly practical in the working out of the program. In the words of Rev. C. B. Moulinier, president of the Catholic Hospital Association of the United States and Canada, "the clinical congress was a success. Without qualification persons interested in hospitalisation who attended the sessions of the Hospital Clinical Congress of North America expressed enthusiastic appreciation of the congress, and the methods of presentation. I am certain the exposition will establish new standards for hospital gatherings.

The clinical method brought out the most, from an educational point of view, that could be expected. It demonstrated the most modern equipment, the latest procedure in hospitalisation and hospital management; and it permitted those attending to center their time on the departments in which they were most interested. It was a tribute to the plans and service of the Catholic Hospital Association of the United States and Canada, and to the efforts of Marquette University through its College of Hospital Administration, in putting hospital management on a higher plane—in increasing the efficiency of the hospital both in its service to the public, and in the management of the institutions."

International Catholic Guild of Nurses

From a nursing point of view, interest centered on the program of the International Catholic Guild of Nurses which held its annual meeting in connection with the congress. It opened with a brilliant banquet at the Plankington at which the speeches were woven into a scintillating mosaic of humor and knowledge by the facile wit of a brilliant toastmaster. Rev. E. F. Garesche, Spiritual Director of the Guild briefly presented the purposes of the Guild and Lydia O'Shea, its president, gave a graceful greeting. Among the other speakers were Cornelia Van Kooy, president of the Wisconsin State Nurses' Association, who welcomed the members to the state, and Adda Eldredge. Father Fox, president of Marquette University, spoke earnestly on the subject of educational standardisation and expressed a fear that nursing might be misled into thinking it was growing when it was really only wriggling. He warned nurses to avoid "a mold made by medicine" and urged that nurses seek for themselves standards through qualitative and not quantitative measurements and that they make concerted efforts to swing, sway and mold public opinion in order that the profession might be assisted to attain its own best development.

Sister Helen Jarrell, superintendent of nurses at St. Bernard's Hospital, Chicago, in a masterly paper, "Casting the Nursing Curriculum into an Educational Mold," sounded the advance note in nursing education. "We must maintain our schools on an educational basis and having established a curriculum, must not allow the needs of the hospital to interfere with class or practice nursing, and if sacrifice is necessary, the hospital must remember that education is not for the moment, but for life." This was held to involve a system of supervision by prepared supervisors who shall be "not foremen but educators."

Sister M. Lidwina of Mercy Hospital, Chicago, stressed the importance of making nursing education collegiate in character with a matriculation requirement in keeping with that of other professional schools. She made the point that college affiliation would break down the isolation of nursing education.

In a forceful, though informal discussion of the papers, Rev. Mahan stated that the matter of nursing schools is "one of the most important since the organization of Catholic Hospitals." Pointing out the educational value of the work on wards in the production of desirable habits, he urged readjustment on the part of hospitals to the needs of the schools. Father Mahan urged that student allowances be discontinued and the money be put into the budgets for the schools.

Laura R. Logan concluded the program with a discussion of "The Planning, the Organization, and the Faculty of Schools of Nursing." She urged that schools be "set up so that all may see," but that control should not be lost of the nursing laboratory, the hospital wards.

An entire afternoon was devoted to a round table on such practical problems relating to nursing education as "The Changing Styles in Nursing"; "Progress and Problems of Nursing Education"; "Value of Higher Education from the Standpoint of Private Duty"; "Correlation of Theory and Practice in Obstetrics"; "How Much Public Health Training Should be Included in the Undergraduate Curriculum"; "How can Tuberculosis be Included in the Curriculum"; "Diet in Disease"; "The Place of Psychiatric Nursing in the Course"; "Special Duty in a One Hundred Bed Hospital"; "Group Nursing"; and "Records." The papers were thoughtful, clear cut, and of an almost uniformly high standard. There was, unfortunately, no time for discussion.

At the final evening meeting, Father Garesche again presented the aims of the guild, which he maintains do not conflict with those of the American Nurses' Association emphasising that through it nurses might hope to attain a "service of eminence." Dr. E. A. Fitzpatrick, dean of the Graduate School of Marquette University, and a member of the Grading Committee discussed the program of that committee. Said he: "the only thing in the program that reminds one of Catholics is 'the faith that money will come' for the project." Dr. Fitzpatrick in closing said that

he had "attempted to put on you the high responsibility of constructive criticism."

A tentative plan for group insurance was presented by Meta Pennock. The meeting closed with a powerful plea from Rev. C. B. Moulinier for complete autonomy of the nursing profession. The group itself "has the moral right" to set its own standards, according to Father Moulinier. Nursing laws are only to protect people and the profession can go away beyond state laws if it really cares to do so. He stated, with vigor, that "the Catholic Hospital Association will bring its forces to bear to bring about the educational processes necessary to produce a profession." Referring to the success of the College of Surgeons in standardizing hospitals, he said that it was done by a formulation of aims and then without loss of time by actual work in the hospitals. He closed by saying, "Let the Sisters demand four years of high school, two years of college credit for a three-years' course in nursing and on graduation a degree and the privilege of registering in the state." On this educational note, the meeting adjourned.

Lyda O'Shea, who is the executive secretary of the organization, was reelected president and Jo O'Connor, of Louisville, Ky., was elected treasurer.

National Association of Colored Graduate Nurses

The National Association of Colored Graduate Nurses will hold its twentieth annual convention at Tuskegee, Ala., August 9–12. A large attendance is much desired.

American Association of Industrial Nurses

The eleventh annual conference of the American Association of Industrial Nurses was held May 27 and 28 as guest of the American Hardware Corporation, of New Britain, Conn. The nurses from many states were welcomed in behalf of the corporation by vice president Charles Parsons, who told what the nurses in factories meant to the individual, the company, and the city in general, and expressed a great interest in the nurses' organization and the work which it was trying to do. The day was spent in a tour of inspection of the four divisions of the American Hardware Corporation. George S. Kimball, president of the American Hardware Corporation was toastmaster at the banquet at Hotel Burritt. Dean Annie W. Goodrich gave a message to nurses which was a masterpiece listened to with great interest by lay members, heads of departments, and nurses. Other speakers were: Dr. Lloyd Thompson of Yale University, on "Mental Hygiene in Industry"; Dr. Leonard Greenburg, "The Nurse in Industry"; Daniel Campion, Aetna Life Insurance Company, "The Industrial Nurse and Compensation."

Saturday morning was devoted to election of officers and round table discussions of, "What Is Industry Doing for the Welfare of Its Employees?" "What Methods Are Used for Prophylactic Treatment in Industry?" "How Is the Employer Protected Regarding Hernia?" "Physiotherapy," and "Psychological Aspect of Industrial Nursing."

The Seamless Rubber Company of New Haven will entertain the next annual meeting.

American Public Health Association

The fifty-sixth annual meeting of the American Public Health Association will be held at Cincinnati, Ohio, October 17–21, with headquarters at Hotel Gibson.

Many pertinent questions such as the following will be discussed: When will the peak of heart disease mortality be reached? What can we do about measles? How about the common cold? Has prohibition promoted the public health? Are we giving attention to the nutrition of the industrial workers? Why is conservation of sight a public health problem? Is food poisoning a material factor in shortening the life span? How far have we gone and how far are we going in public health education? What is the place of the government in public health administration?

The Public Health Nursing Section is one of the nine sections which will hold individual section meetings. Dr. Herman N. Bundesen, health commissioner of Chicago, Dr. William H. Park of the New York City Health Department Laboratories, Dr. Clarence E. Smith of the U. S. Public Health Service, and C. W. Larson of the U. S. Department of Agriculture, are among the specialists on the program.

Institutes or Summer Schools

Illinois: Chicago.—The fifth annual institute for nurses will be conducted by the Illinois League of Nursing Education, from August 15 to 26. (See June issue for program.) For complete program or information write to

May Kennedy, Director of Institute, 6400 Irving Park Boulevard, Chicago, Ill.

Wisconsin: Milwaukee.—An institute on the "Nutritional Problems of Children" which was conducted by the Wisconsin State Board of Health, June 20 to July 2, was well attended. Classes were held by Dr. W. R. P. Emerson and Mable Skilton of Boston, Mass. The following papers were also read: "The Hard-of-Hearing Child," by Lavilla Ward, State Department of Public Instruction; "How To Test Hearing," followed by demonstration of Audiometer, by Dr. T. L. Tolan, Milwaukee; "Vocal Self-Expression," by Alice Bartlett, executive secretary, Y. W. C. A., Milwaukee; "Some Problems Relating to the Management of the Pre-school Child," by Dr. Roy Greenthal, president, Pediatric Society, Milwaukee; "Health Education in the Schools," by Mrs. Louise Brand, Wisconsin Anti-Tuberculosis Association, Milwaukee.

Commencements

CALIFORNIA:

Los Angeles.—The Pacific Hospital, a class of ten, on May 12, with addresses by R. W. Harris, M.D., and A. H. Weitkamp, Ph.D., M.D.

FLORIDA:

Lakeland.—The Morrell Memorial Hospital, a class of four, on May 31, with an address by Rev. G. Irvine Hiller.

ILLINOIS:

Chicago.—Wesley Memorial Hospital, a class of thirty, with the other classes of the Northwestern University on June 20, with an address by Chancellor Ernest Hiram Lindley, Ph.D., L.L.D.

The West Side Hospital, a class of twenty-one, on June 11.

Evanston.—Evanston Hospital, a class of twenty-three, with the other classes of the Northwestern University on June 20.

INDIANA:

Indianapolis.—Indiana Christian Hospital, a class of nine, on June 2.

Indianapolis City Hospital, a class of twenty, on June 24, with an address by Major Julia C. Stimson.

Indiana University School of Nursing, a class of twenty-nine, on June 6.

Methodist Episcopal Hospital, a class of thirty-nine, on June 8.

St. Vincent's Hospital, a class of twenty-eight, on June 13, with an address by Rt. Rev. Joseph Chastrand.

IOWA:

Carroll.—St. Anthony Hospital, a class of nine, on June 9, with an address by Rev. M. Wendl.

Davenport.—Mercy Hospital, a class of twelve, on June 7, with an address by Rev. A. F. Browne.

St. Luke's Hospital, a class of ten, on June 3, with an address by Dr. Allan Craig.

Des Moines.—Mercy Hospital, a class of eighteen, on May 12, with an address by Rev. Robert F. Keegan.

MASSACHUSETTS:

Jamaica Plain.—The Faulkner Hospital, a class of eighteen, on May 18, with an address by Dr. George H. Bigelow.

North Adams.—North Adams Hospital, a class of six, on June 29.

MINNESOTA:

Minneapolis.—Swedish Hospital, a class of thirty-nine, on June 2.

NEW YORK:

New York.—Lenox Hill Hospital, a class of forty-six, on April 28, with addresses by Otto von Schrenk and Carl Eggers, M.D.

OHIO:

Cleveland.—City Hospital, a class of twenty-two, on June 15.

St. Luke's Hospital, a class of twenty-eight, on June 9, with an address by Rev. Louis C. Wright, Ph.D.

OKLAHOMA:

Shawnee.—A class of five, on May 28, with addresses by Mayor Neil Wimmer, Rev. Dallas C. Meade, and Dr. J. M. Byrum.

SOUTH DAKOTA:

Rapid City.—The Methodist Deaconess Hospital, a class of ten, on May 12, with an address by Rev. E. R. Todd.

TEXAS:

Galveston.—John Sealy Hospital (College of Nursing, University of Texas) a class of fifteen, on May 31, with an address by Rev. Henry Cohen.

VIRGINIA:

Richmond.—Grace Hospital, a class of five, on May 24, with an address by Rev. J. J. Scheerer.

WASHINGTON:

Seattle.—The Seattle General Hospital, a class of twenty-two, on May 12, with an address by Rev. Mr. Gowan.

WISCONSIN:

Ashland.—St. Joseph's Hospital, a class of eight, on May 19, with an address by Rt. Rev. Magr. Charles J. Weber, V.G.

State Boards of Examiners

New York: State Board examinations will be held September 19–22, at New York, Albany, Syracuse, Buffalo and Rochester.

State Associations

Connecticut: The regular meeting of the GRADUATE NURSES' ASSOCIATION OF CONNECTICUT was held in Norwich, June 28. The morning was given over to the meetings of the sections.

The Educational Section, presided over by Sara Hyde, the chairman, had for its subject, "The Preparation and Use of New Type of Examination Questions." This was discussed by Mrs. Delight Jones, assistant director of nursing at Grace Hospital, New Haven. A general discussion followed.

The Private Duty Section, with Mrs. Winifred Bramann, chairman, presiding, took the form of a round table. Present-day problems in private duty nursing were discussed with special emphasis on hourly nursing.

The Public Health Section with Mabel Macdonell, chairman, presiding, had for its speaker, Dean Annie W. Goodrich, whose subject was "The Education of the Nurse for Community Service." Among other things, Dean Goodrich said: "I personally cannot conceive of a nurse as qualitatively equal to her task who is not an internationalist, for to be less than that is to be excluded from partnership in the great society of art and science. To be less than that is to be blind to the fascinating potentialities of differences and to the glorious possibilities implied by the changeable. To be less than that is to be a defective conveyor of the wellsprings of life."

The Board Members' Division of the Public Health Nursing Section was presided over by Mrs. Roy E. Clark. Their session was given up almost entirely to a discussion of what the institute for Board Members of Public Health Nursing Organisations meant to different sides of the organisation.

Following the morning sessions, which were held at the William Backus Hospital, a luncheon was served at the Wauregan Hotel. One enthusiastic feature of it was a very cordial greeting from the Norwich Chamber of Commerce, by James L. Case, the president, who at the close of his remarks, presented each one present with a box of candy.

The afternoon session was held at the Wauregan Hotel with Margaret J. Barrett, president, in the chair. The reports of the standing committees were given. The two outstanding were the Legislative and Headquarters. Miss Bigelow, chairman of the Legislative Committee, reported that the bill for State Aid for Public Health Nursing had passed and was signed by the governor. The State Association took an active interest in this bill. Abbie Gilbert, chairman of Headquarters Committee, gave some of the high points of the work of Headquarters for the past six months and expressed appreciation to the nurses for their splendid coöperation. The report of the New England Division meeting was given by the delegate, Margaret K. Stack. One amendment was made to the by-laws. Instead of having four meetings a year, the by-laws have been changed and hereafter three meetings will be held, the annual meeting in February and the regular meetings in May and October. The speaker for the afternoon was Edith J. L. Clapp, who took Miss Geister's place. She drew a mental picture of nursing affairs, not only in this country but in other countries, and emphasised the value that is received by every nurse who belongs to and upholds the traditions of her alumnae, state, and national nursing organisations. Miss Clapp's talk was most inspiring.

Cordial invitations to hold the next meeting in Stamford were given by the Stamford Hospital, the Alumnae Association and the Public Health Nursing Association, and the next meeting will be held in Stamford in October.

Georgia: The dates for the state convention will be November 8–10, with headquarters at The Dempsey, Macon.

Illinois: The annual meeting of the STATE ASSOCIATION will be held in Mt. Vernon, October 12–15.

The June meeting of the Illinois League of Nursing Education was held June 24 at the Chicago Nurses' Club, Chicago. It was devoted to reports of the annual meeting of the National League of Nursing Education recently held in San Francisco. The presence of a number of distinguished visitors gave this session unusual significance. Among the speakers of the evening were: Blanche Pfefferkorn, executive secretary of the National League of Nursing Education; Harriet Frost, director of the Pennsylvania School for Social and Health Work; A. G. Davis, assistant superintendent of nurses, U. S. Navy Nurse Corps; Lillian Kelm, formerly of the Burke Foundation, director of the Personnel Bureau, American Hospital Association; E. M. Field, of the Australian Trained Nurses' Association, Fremantle, Western Australia.

Indiana: The STATE ASSOCIATION will hold its annual meeting in Indianapolis, October 21–22.

Kansas: The annual meeting of the STATE ASSOCIATION will be held October 6–8, in Newton.

Massachusetts: Boston.—At the annual meeting of the Massachusetts League of Nursing Education the following officers were elected for two years: Vice president, Bertha Allen, Newton Hospital, Newton Lower Falls; secretary, Margaret Vickery, Broad Oak, Dedham.

Michigan: The meeting of the MICHIGAN STATE NURSES' ASSOCIATION held in Marquette, June 15–17, was one of the most interesting the nurses of Michigan have attended. The lovely scenery of the upper peninsula of the state combined with a real live program made three worth-while days. A revision of the by-laws made the presidents of the districts members of the board of directors; the dues $4 a year to cover National, Midwestern, State, and Nurses' Relief Fund; and the position of general secretary a permanent one. The following officers were elected for the coming year: President, Grace Ross, Detroit; vice presidents, Marie Brown, Ishpeming, Shirley Titus, Ann Arbor; corresponding secretary, Elizabeth Robinson, Lansing; recording secretary, Edith Wright, Detroit; treasurer, Emily Rankin, Detroit.

Minnesota: The annual meeting of the STATE ASSOCIATION will be held in Minneapolis, October 10–14.

Mississippi: The STATE ASSOCIATION will hold its annual meeting in Meridian, October 27–28.

Missouri: The STATE ASSOCIATION will hold its annual meeting in Kansas City, October 24–25.

Nebraska: The STATE ASSOCIATION will hold its annual meeting in Lincoln, either on October 24–25, or on October 25–27, the exact date to be given later.

New Hampshire: The GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE held its annual meeting in Laconia, at the Pemaco Auditorium, on June 8. Agnes Whidden of Nashua presided in the absence of the president, Miss Lockerby. Addresses of welcome were given by Fred L. Ayers, president of the Chamber of Commerce, and by Arthur W. Spring, fire chief. Ida A. Nutter gave an interesting report of the meeting of the New England Division held in Providence. Tea was served at the Laconia Hospital, and a ride was enjoyed through the lake region by courtesy of the Chamber of Commerce. Officers elected are: President, Elizabeth Murphy, Concord; vice presidents, Marion Garland, Laconia, and Ida Jamieson, Manchester; secretary, H. Myrtle Flanders, Concord; treasurer, Ellen Record, Nashua.

The NEW HAMPSHIRE STATE LEAGUE OF NURSING EDUCATION elected the following officers at the State meeting: President, Rosanna O. Donnoghue, Portsmouth General Hospital, Portsmouth; secretary, Anne Shepard, Women's Memorial Hospital, Concord.

New York: The New York state organizations of nurses will hold their annual meetings in Rochester, October 25–27.

North Carolina: The twenty-fifth annual meeting of the NORTH CAROLINA STATE NURSES' ASSOCIATION was held in Charlotte, May 24–26, the Charlotte Hotel being headquarters. At the first business session, the following recommendations were presented from the Advisory Council: First, the confirmation of the appointment of the educational director; second, that a definite sum, in proportion to the membership, be given each year, by each district, to the National Nurses' Relief Fund (The State Fund is over $12,000 and five members are being helped); third, that $10 each be given to the Robb Scholarship and the McIsaac Loan funds; fourth, that five cents per capita be sent National Headquarters for international dues. These recommendations were all adopted, as well as one suggesting that the state by-laws be rewritten and the Relief Fund by-laws be revised. The request of the North Carolina League of Women Voters, that a survey be made of women in industry, was endorsed.

The meeting was one of the largest ever held. The members were particularly gratified at the attendance of all the students in Charlotte hospitals at an evening session of the League. Miss Kelly, league chairman, presented at that session, Mary Wyche, one of the incorporators of the Association, and five of the past presidents. Katherine Myers, Red Cross supervisor for North and South Carolina, spoke on the Red Cross, particularly the nurse's work in disaster, following the report of Miss Stafford, chairman of the State Red Cross Nursing Committee. During the Private Duty Session, a memorial service was held for Mary Rose Batterham, the first American registered nurse, who died in April, at her home in Asheville. The members are very proud of the fact that North Carolina had the first law and in consequence, the first

registered nurse. The papers during the meeting were all good, Miss Geister's address, "The Nurse and the Changing Order," was heard with great interest. The members appreciated very much having her present and regretted that Miss Allen's illness prevented her coming. Other papers in the Private Duty Session were, "Low Blood Pressure and Nursing Care" and "Daily Contact with Special Nurses," by a pupil nurse. In the League program the round table discussions were most interesting to supervisors and instructors and embraced a number of subjects. "Organising Public Health Work in the Philippines," was the subject of a most interesting talk given by Mrs. Virginia Gibbs McPheeters, who wore a native costume. "Maternal and Infant Hygiene," "Preventive Pediatrics," and "Some Phases of the Social Diseases," were among the subjects presented to the Public Health Section. The social side of the meeting was most thoughtfully planned and included among other things a tea given at the Orthopedic Hospital in Gastonia, a dinner and theatre party given by the Mecklinburg Medical Society, and a beautiful luncheon given by the hostess district.

Pennsylvania: The GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA will hold its twenty-fifth annual convention in Erie, October 24–29, followed by an institute conducted by the State League.

South Dakota: In the Black Hills, not far from Rapid City at Camp Wanser, the health camp maintained by the Christmas seal sale, the nurses of South Dakota held their eleventh convention, June 21–23. There were supervisors of health, amusement and diet, and the three cottages on the bank of Rapid Creek in a grove of birch trees, with the pine and spruce in the background, proved a good place for a nurse's convention. The program was good, instructive and interesting. Interest was shown and a stronger interest was aroused on account of the many problems, freely discussed at the business meeting. The officers remain the same. The next meeting will be held in Sioux Falls, where it is hoped to have a joint meeting with the State Hospital Association.

Washington: The WASHINGTON STATE GRADUATE NURSES' ASSOCIATION held its twenty-first annual convention at Aberdeen, June 16–18. Carolyn Davis of Seattle was reelected president for another year. The first morning session was given over to the business of the convention, after the formality of the opening exercises. The nurses of District 8 evidently know the secret of creating a strong community spirit for their background; every organisation or group of people seemed to share the responsibility of the hostess with the nurses of the district. It might be interesting to know that District 8 increased its membership 60 per cent during the time they were preparing for the convention. The inspiration was so apparent that the very smallest and newest district, which was created less than two years ago, and whose membership at present is seven, extended an invitation to the assembly to make District 10 and Longview the convention city for 1928, which was unanimously accepted, though there had been earlier invitations to two other cities. The reports of the districts showed growth and increased interest. The program was much enriched by the presence of Dr. May Ayres Burgess and Janet M. Geister, whose talks gave many new ideas and inspiration to try to adjust them to local needs. Some of the subjects of the program were: "Why Should a Nurse Become a Red Cross Nurse?" "Opportunities in the Field of Physical Therapy"; "Problems of the Older Graduate Who Is Not a Registered Nurse"; "New Methods in Obstetrical Nursing"; "Development of New Serums"; "Self Discipline." A round table on current nursing topics was held. The unique feature of the convention was that the members were transferred to Pacific Beach for the second-day sessions, about forty miles from the convention City. Transportation was provided and the day's work began almost on time. The nurses spent delightful hours between sessions and at a most informal banquet in the evening one hundred and twenty-five were present.

Wisconsin: The WISCONSIN STATE NURSES' ASSOCIATION, the State League of Nursing Education and the Public Health Organisation meet October 11–13, with headquarters at the Hotel Astor, Milwaukee. The members are counting themselves fortunate in expecting as guests, Miss Goodrich, Miss Noyes and Miss Geister.

Wyoming: The WYOMING STATE NURSES' ASSOCIATION held its eighteenth annual convention, June 17–18, at Laramie, with headquarters at the Agricultural Building, on the State University campus. On Friday, June 17, the invocation was given by Dean Thornberry; reports were given by the various officers; old and new business was transacted, and the president gave her address. At the afternoon session the address of welcome was given by President Crane of the university; response, Lillian E. Moore; business was

transacted; reports of districts were given. Grace Williams gave a report on the New Wyoming Tuberculosis Sanatorium. A paper, "The Nurse a Vital Factor in the New Social Order," was read by Mrs. Margaret Boyer, which was followed by a reception by the Women's Club of Laramie and a dinner at the Laramie Country Club. On Saturday, June 18, Mrs. A. P. Russell, Rock Springs, gave a talk on "Does a Nurse Lose Her Profession after She Marries?" A round table was conducted for private duty nurses and also for superintendents of schools. After a trip through the university, a luncheon was given for the officers and board members at the delightful Ivinson Memorial Hospital. At the afternoon session the following spoke: Dr. Hamilton, "Physiology of Endocrines"; Mary M. Roberts, "The Power of Organisation"; Miss Cahill, "Nurses Work in the School"; Vera Signorelli, "Avenues Open to a Graduate Nurse." Election of officers concluded the program.

District and Alumnae News

Connecticut: New Haven.—The Anthony N. Brady Memorial Laboratory, to be built by Yale University, will contain offices and laboratories for the Yale School of Nursing and for the New Haven Hospital.

District of Columbia: Washington.—Fully eighty members of the Army School alumnae participated in all or part of the commencement week program announced last month. The alumnae feel that with each succeeding reunion no other organisation receives such encouragement and kindness as are shown theirs. For these it has to thank the surgeon general, and the commanding officer and principal chief nurse with their staffs at the Army Medical Center, from the simple whole-hearted welcome home to every social and educational advantage to be obtained through these friends—ours.

Florida: Fort Myers.—The nurses residing in the territory allotted to District 7 of the Florida State Association, which includes Lee, Collier, Glades, Hendry and Charlotte Counties, met and completed their organisation, April 28, in Fort Myers, the nucleus of the district. Officers were elected, committees appointed, and plans made for work for the year. It is hoped soon to have instruction in parliamentary law. An effort is to be made also to create a better understanding on the part of both doctors and the laity of the standards of the profession, and the state law in regard to nursing practice. As a beginning towards this, a committee has been appointed to meet with the Lee County Medical Society, presenting problems, and asking the coöperation of the doctors in trying to bring order out of the rather chaotic conditions under which the registered nurses have been working in this district. Two successful meetings have been held since, at the last of which Mrs. Byrtene Anderson, president of the State Association was present, and gave a very helpful talk.

Georgia: Atlanta.—The June meeting of the PUBLIC HEALTH ASSOCIATION of the First District was held at the State Headquarters' office. Professor Benson of the Department of Law, Emory University, gave a very interesting talk on the history and development of law, and the necessity for the law to interpret the spirit of the times and not be allowed to grow obsolete, losing the respect of current history. Twenty-five nurses were present. The June meeting of the FIRST DISTRICT was held on the lawn of the Blackman's Health Resort. Dr. and Mrs. Blackman added greatly to the pleasure and success of the meeting. The program was under the auspices of the Private Duty Section. Dr. E. Green talked on private duty, viewed from the doctor's standpoint and from the patient's standpoint. Dr. Green did not present the problem side of private duty, but expressed his appreciation and understanding of the difficulties facing the nurse. Jean Harrell, chairman of the Ways and Means Committee, explained the proposed legislative changes in the Nurse Practice Act. Maude Parsons, assistant professor of the Yale University School of Nursing, who is conducting a course in Public Health Nursing at the summer school of Emory University, gave a very interesting talk on the advantages offered by the Yale University School, the first school to confer the B.N. and having equal rank with the other professional schools of law, medicine and theology. Special meetings are being held in the Second, Third and Fourth Districts, in the interest of the proposed nursing legislation, and nurses throughout the state are working definitely for passage of the bill.

In the interest of better care to the sick, the Hospital Committee of the Medical Association of Georgia has approached the nurses with suggestions for proposed legislation, which were incorporated into the Nurses' Bill and made it unanimously acceptable for endorsement by the Committee on Legislation and

Public Policy of that Association. The councillors of the Medical Association of Georgia unanimously endorsed the bill. Many doctors have expressed gratification at the general interest shown by the public, and the recognition that the bill is more largely in their own interests and that of the medical profession, than in the interest of nurses of all classes, though it should prove of advantage to them also in the long run. The main points of change in the bill from that now in effect are: Waiver of six months for certain qualifications so as not to handicap any nurse now practicing in Georgia. Mandatory registration of all nurses, graduate, practicing undergraduate, or attendant or practical nurses who practice for hire. Exemption from registration for all hospital attendants. Annual re-registration at a nominal fee, so as to locate all nursing service in the state rapidly in case of emergency. Authority granted the Board of Examiners to allow for academic credits to advanced students or for special preparation in public health, tuberculosis, pediatrics, and other experience during the three years' course. Authority to provide assistance to training schools in the preparation for registration, etc. **Milledgeville.**—The THIRD DISTRICT ASSOCIATION met at the State Sanatorium. An interesting paper, "The Desired Record of a Nurse," was given by Miss Hartley of Sandersville. Every member was urged to assist in getting the proposed amendments to the Nurse Practice Act through the legislature this summer.

Indiana: Indianapolis.—The FOURTH DISTRICT had a most delightful outing at the Y. W. C. A., Camp Delight, on June 28. Dinner was served to forty-five nurses, after which the regular business meeting was held. An enjoyable and enthusiastic home-coming was held at the Indianapolis City Hospital, July 2. Ethel Carlson, directress of nurses, entertained ninety-three guests at lunch. A business meeting of the Alumnae Association followed. Gifts from former classes were made to the Alumnae Room of the Nurses' Home.

Iowa: Carroll.—The sixth annual meeting of ST. ANTHONY'S HOSPITAL ALUMNAE ASSOCIATION was held in the Nurses' Home, June 9, with an attendance of twenty-one. The following officers were elected: President, Mrs. Teresa Axmann Hillmer; secretary, Sister M. Corona. The class of 1927 and two others were voted into the association. After the business meeting, the nurses were given a very interesting and instructive address by A. Faith Ankeny, acting director of the Division of Nursing Education, Des Moines.

Kansas: Topeka.—The annual meeting of the CHRIST'S HOSPITAL ALUMNAE was held May 30. Among the members present was Emma Irving, who has been director of nurses in a missionary hospital, Ningpo, China, for several years. The following officers were elected: President, Mrs. Nellie Hearick; vice presidents, Louise Boutwell, Mary Robertson; secretary, Ethel Conaway; treasurer, Anna Kidd. After the meeting came the commencement exercises, the address being given by the president of the American Medical Association, Dr. Jabez Jackson, and then the dedication of the new hospital building.

Michigan: Kalamazoo.—The KALAMAZOO DISTRICT held its May meeting at the Kalamazoo State Hospital where an interesting lecture was given by Dr. O. R. Yoder on "Various Types of Psychoses," illustrated by motion pictures. The business meeting and a social hour followed. Through the influence of Cora E. Simpson, the district has started a "China Fund" to aid the Nurses' Association of China to build a headquarters at Hankow, with the proceeds of a highly successful concert given by Homer Rodeheaver.

New York: Albany.—Nurses of CAPITAL DISTRICT No. 9 were entertained at the Hudson City Hospital, Hudson, N. Y., June 18, as guests of the Alumnae Association. Mae L. Woughter, executive secretary of the New York State Nurses' Association, gave an inspiring talk on nursing activities and briefly outlined her program and survey that she is making in the state. Mrs. Evelyn Oldfield gave a splendid interpretation of Practical Psychology. **New York.**—The official Registry (formerly called the Central Registry) and the Registries of Bellevue, Mt. Sinai, New York, Post Graduate, Presbyterian, Roosevelt, and St. Luke's Hospital, have combined to form what is known as the Associated Registry Group. Letters enclosing a card of information on the rates for private duty in homes agreed upon by the group have been sent out to 5,840 doctors in Manhattan and also to all the nurses registered with the Registry Group.

Ohio: Cleveland.—The VISITING NURSE ASSOCIATION celebrated its twenty-fifth anniversary at the Nursing Center, May 24. Edna Foley of the Chicago Visiting Nurse

Association was the principal speaker at the luncheon at the Union Club and guest of honor at a reception. Miss Foley also addressed the Public Health Nursing Section of District 4 and a luncheon meeting of Visiting Nurse Association supervisors. Columbus.—District 12 has raised money for the Club House Fund by a play given at Central High School.

Pennsylvania: Altoona.—The annual meeting of the Nason Hospital Alumnae Association was held at the Allegheny Furnace Tea Room, June 18, with a good attendance. The following officers were elected: President, Mrs. Mabel Phillips, vice president, Mrs. Jay Walters; secretary, Mrs. Sara Nason; treasurer, Mrs. Karl Hite. A luncheon preceded the meeting. A donation in the form of well equipped classroom has been given by S. M. Griffith of Altoona to the Hospital, which will greatly benefit the student nurses. Philadelphia.—The Alumnae of the Lankenau Hospital held a meeting on June 17 at which a good report was given of the garden party. The next meeting will be held on October 7. Pittsburgh.—The Pittsburgh Hospital Alumnae Association is purchasing a Cardiograph Machine for the annex of the hospital. The nurses of the Western Pennsylvania Hospital Training School will hold a reunion, November 14, of all nurses who trained and all doctors who served their internship at the hospital since the school was organized. Mrs. Ida Gaut, a graduate of the class of 1895, who is now Hostess of the Nurses' Club of Pittsburgh, 3346 Fifth Avenue, has been appointed general chairman. Mrs. Gaut appointed a member of each class to find her classmates. They feel that this is going to be quite a task, especially to find those who have not been in touch with the school for some time. It is thirty-three years since the school was organized and there are over eleven hundred graduates. If any of the Alma Mater do not hear about this through a letter that will be sent out, would they kindly write Mrs. Gaut and send their addresses, so that she can mail them all the particulars. They are going to try to make this a huge success and want very much to have all who can come, to be there.

Tennessee: Memphis.— District 1 held a business meeting on May 12, after a tea given by the directors at which Sarah Scott presented a plan for a club house. A great deal of enthusiasm was displayed. The chairman of the Club House Committee reported $700 in bonds. Funds in the registry treasury, amounting to $1,800, may be turned over to this fund. A donation of $500 from the registry fund was donated by the private-duty nurses to the flood sufferers. The district rendered service during the flood crisis by sending voluntary, unpaid nurses to the refugee camps. At the district meeting on June 11, a paper was presented by Mrs. Nicholson on "A Plea for Unity Among Nurses." The district has, as associate members, the alumnae of the Gartley and Ramsey Hospital who are not eligible for state membership under the present state by-laws. The members attend meetings and share responsibility.

Deaths

Eliza Beith (Class of 1881, Woman's Hospital, Philadelphia, Pa.) early in June, after a lingering illness.

Mrs. Gertrude Tewes Cole (class of 1909, Maryland University Hospital, Baltimore, Md.) on May 16, at Maryland University Hospital.

Martha R. Gaulke (class of 1918, Augustana Hospital, Chicago) on March 27 in Des Moines, Iowa. Miss Gaulke was superintendent of the Lutheran Memorial Hospital at the time of her death. She won a Robb scholarship in 1921 and studied at Teachers College, New York, for a year. While serving as instructor at Augustana Hospital, she was secretary of the First District Association.

Mrs. Oswald Woeppel (Matilda Gorges, class of 1917, St. Joseph's Hospital, Elmira, N. Y.) on April 10, after a long illness. She served in the Army during the World War and was still an active Red Cross member. Burial was in Corning, N. Y. She will be greatly missed.

Mrs. David Koonts (Adeline Hughes, class of 1913, Methodist Episcopal Hospital, Indianapolis, Ind.) on June 4, after a long illness.

Elizabeth K. Kast (class of 1918, St. Luke's Hospital, Bethlehem, Pa.) at Shavertown, Pa., on May 18, after an illness of nearly three years.

Elizabeth Collins Lee (class of 1896, Maryland University Hospital, Baltimore, Md.) on May 15, at Union Memorial Hospital, Baltimore, following a long illness. Miss Lee was a lineal descendant of General Robert E. Lee. Burial was in Arlington Cemetery.

Nellie Lund (class of 1913, Stillwater City Hospital, now the Lakeview Memorial, Stillwater, Minn.) at her home, after a lingering illness. Miss Lund was a faithful private duty nurse who will be sadly missed.

Mrs. George A. Smith (Eva M. McClellan, class of 1900, Cumberland Street Hospital, Brooklyn, N. Y.) in Brooklyn, on May 6, after a short illness.

Susan Long Morley (class of 1885, Buffalo General Hospital, Buffalo, N. Y.) at Williamsville, N. Y., May 22. Mrs. Morley was a loyal member of her alumnae; her friends mourn her loss.

Mrs. Emily Wright Bacon Morrison (class of 1892, Woman's Hospital, Philadelphia, Pa.) on June 28, after a short illness. Mrs. Morrison was one of the early workers for her alumnae, helped to organize the Nurses' Beneficial Association, also the Graduate Nurses' Association of Pennsylvania. She was an earnest and generous supporter for the betterment of the nursing profession. She will be greatly missed by the friends whom she helped.

Florence Hazel Odell (class of 1923, Iowa University Hospital, Iowa City, Iowa) on June 14, at Cragmoor Sanitarium, Colorado Springs, Colo. Miss Odell had been employed at Minnequa Hospital, Pueblo, Colo., as a supervisor, since January 1, 1924. She loved this work and discharged the duties entrusted to her with skill and painstaking care. Her sense of duty never permitted her to spare herself. Owing to failing health, she reluctantly gave up her work April 14. On May 21, she was taken to the sanitarium, where it was hoped further treatment might prove beneficial. There she died courageously without fear and without regret. She won the love and respect of her associates and her loss is keenly felt. Burial was at her former home, Greeley, Iowa.

Florence Ann Reid (class of 1925, St. Francis Hospital, Hartford, Conn.) on June 12, at St. Francis Hospital, Hartford, following an operation for appendicitis. Miss Reid was a splendid character, an excellent nurse. Her gentle, lovable disposition had endeared her to patients, nurses and hospital personnel. Her untimely death is a shock to all who knew her.

Elizabeth Russel (class of 1920, Fairview Park Hospital, Cleveland, Ohio) on May 10, following a long illness. Miss Russel did private duty nursing. Burial was at St. Marys, Ohio.

Clara Sollenberger (class of 1901, Woman's Hospital, Philadelphia, Pa.) in June. Miss Sollenberger devoted her professional life to institutional work and also was an active worker for the advancement of the profession.

Mrs. Mary B. Vail (class of 1893, Rochester General Hospital, Rochester, N. Y.) on April 17, at Branchport, N. Y., after a long illness. Mrs. Vail held positions in the Rochester General, Canadaigua Memorial, and several other hospitals. Her genial nature made her a favorite everywhere.

Mrs. Emily B. Welton (class of 1891, New York Post Graduate Hospital, New York) on June 19, at the hospital.

THROUGH Love to Light! How wonderful the way
That leads from darkness to the perfect day,
From darkness and from sorrow of the night
The morning that comes Singing o'er the Sea.
Through Love to Light! Through Light, O God, to Thee,
Who art the Love of Love, the Eternal Light of Light."

About Books

CAPTAINS OF THE WATCH OF LIFE AND DEATH. By Mabel Osgood Wright. 264 pages. The Macmillan Company, New York. Price, $2.50.

THIS "friendly little book about trained nurses and untrained patients" was written "in recognition of four captains to whom was given understanding," says the author. It is a profoundly sincere effort to throw the white flame of understanding upon the triangle of physician, nurse, and home in such a way as to cause the angles to soften and fuse into a circle of coöperative understanding.

The style is pungent and sufficiently provocative to keep one absorbed until the end. Who among us has not encountered an occasional patient with "a rancid disposition"? Or who could say that she had *never* known of a slob, a devil, or a yellow cat among nurses? Mrs. Wright has much that is penetrating and appreciative to say of "one hundred per cent nurses." (A good deal might also have been said for one hundred per cent patients had the author so chosen!) The book will be widely read by private duty nurses past and present, and who has not at some time tried her hand in that most kaleidoscopic field? Although the author disclaims any such ambition for it, we predict that it will find a place in the libraries of schools of nursing, for it will be of enormous help to those who attempt to teach that most difficult of nursing arts, the art of adjustment with all its ethical implications. The prelude and such chapters as "The Comfort of the Patient," "A Trade or a Profession, Which?" "Fitting a Nurse to the Jenks-Smiths," "When the Patient is a Man," and "When the Doctor Calls," will find lasting usefulness.

M. M. R.

WHAT'S BEST TO EAT. By S. Henning Belfrage, M.D., with a practical supplement by Lucy H. Yates. Two illustrations. 199 pages. William Wood & Company, New York. Price, $3.

"WHAT'S Best To Eat" is a most fascinating book! In the introduction the author describes the rise and fall of nutritional habits during the past ages and enters a plea for building new food habits on a firmer and more scientific foundation. The aim of the book "is to show, in as simple a manner as possible in dealing with a scientific subject, what the needs of the body are." Part I is devoted to the accomplishment of this end. To be sure there is much reading matter, but it is all worth while.

Right food habits for today, when more knowledge can be obtained to help in giving the race a "balanced" diet, than was available to the cannibal mentioned in the Introduction, is described in the closing chapter of Part I, "Right Feeding in Practice." The chapter on vitamins gives the very latest information concerning these food substances. The processes of digestion are clearly given in an interesting manner in another chapter. The chapter on "Food and Disease" shows why certain diseases are contracted by faulty diet and how they may be cured by right diet.

Any nurse or dietitian would profit by reading this book and it would also be valuable as a reference book.

Part II, by Lucy H. Yates, gives recipes which American housewives and those planning family dietaries would enjoy. These are quite English, therefore they would add variety to the American dietary. Those containing cereals and vegetables are

well worth adding to our hospital menus.

It would be an advantage if Miss Yates would sometime give these recipes in a form that might be used by the private duty nurse in individual portions.

BERTHA M. WOOD
East Northfield, Mass.

NURSES AND NURSING. By Alfred Worcester, A.M., M.D. 172 pages. Harvard University Press, Cambridge, Mass. Price, $2.

THE essays in this little book have all appeared in print at various times. It is interesting to have them collected in one volume, for few medical men have given more thought to nursing and the preparation of nurses than has Dr. Worcester. Believing always in the independent organisation of schools of nursing and, as time went on, in the utilisation of the teaching facilities of universities, it is unfortunate that he has always stood staunchly for a system of training that, in some other ways, has seemed fallacious to most nurse educators. The rock on which he parted from most thinkers on the subject is that of sending pupil nurses into homes for practice under the direction of doctors, service for which patients paid the school.

Dr. Worcester deplores a lack of "heart interest" in their calling on the part of modern nurses and reveals on every page that sympathetic interest in patients which makes the passing of the "family doctor" a matter of regret that the scientific mind in medicine, as in nursing, is not always coupled with the outward expression of sympathy.

The book has genuine interest for those who teach and, despite his radical opinions on nursing education, one is left with the feeling that here is a delightful personality and a worthy opponent.

Some of the essays, such as "The Art of Nursing in the Old World," "Florence Nightingale," and "The Victorian Order of Canadian Nurses," make delectable reading.

DOES PROHIBITION WORK? By Martha Bensley Bruere. 329 pages. Harper and Brothers, New York. Price, $1.50.

THIS is "a study of the operation of the Eighteenth Amendment made by the National Federation of Settlements, assisted by social workers in different parts of the United States." Mrs. Bruere has woven the collected data on this most controversial of subjects into a story told in sparkling conversational fashion. The book is stimulating and provocative of thought. The study is limited to the neighborhoods social workers know. It shows that "wherever there is a Nordic American population which for several generations has not been in close contact with the newer immigrations or the cosmopolitanism of the great cities, there prohibition works" and "in spite of everything, the saloons are gone, 171,000 of them. This fact is not fully realised and the profound social change it implies."

ADULT EDUCATION. By Joseph K. Hart. 338 pages. Thomas Y. Crowell Company, New York. Price, $2.75.

"THE world," says Dr. Hart, needs understanding, but it will never get understanding by violence; the Kingdom of Heaven can never be brought in by force. Understanding is a matter of intelligence; but it is also a matter of will—the will-to-understand—and of choice of the goal. Not only must the intelligence of the world be educated, but its will, its

choosing mind must also be freed." The intrinsic method of the Danish People's Colleges is held, by the author, to be one worth emulating. The book is stimulating. It is well documented and questions for class discussion have been provided in an appendix.

POPULAR EDUCATION IN PUBLIC HEALTH. By W. Allen Daley, M.D., D.P.H., and Hester Viney, S.R.N. Lewis & Co., London, 1927. 210 pp. Price, $2.00.

AS stated by the authors, the purpose of this book is to assist those who desire to know something of the Health Education movement which is now extending rapidly in England and other countries. A careful study of the book shows that the authors have accomplished their purpose.

Beginning with a brief history of health education, the book deals with teaching health in the home; teaching at clinics; class teaching; popular health lectures; general health publicity and specialized publicity. The chapter on teaching health in the home is of especial value to the nurse, since she is the one who has this particular work to do. The authors give a wealth of information and suggestion applicable in various types of homes and communities. The discussion of ante-natal visiting shows its importance as well as its difficulties, and gives helpful suggestions as to how these difficulties can be wisely met. The discussion of child welfare and tuberculosis home visiting are equally good.

The chapter dealing with class teaching and group instruction gives a careful presentation of the mechanical aids—the reader being warned that method should be the servant and not the master of the teacher. Modern methods of publicity available for use in arousing public interest in health are discussed at some length, and the writers feel that "the day is dawning when to be ill for any cause other than senescence will be to have failed in one of the first duties of the citizen towards the state, and when to allow the presence of disease amongst us in any preventable form will be reckoned a public failure for those who will be charged with the care of the health of the nation."

It is very significant to us that this book, published in London, bears as its first message a quotation from Abraham Lincoln: "It is rather for us to be here dedicated to the unfinished task remaining before us." In this instance, the unfinished task is voiced in the last chapter, which is a stirring plea for the education of the public in health and not only the public of one nation, but of all nations. The reader is reminded that "quick transport, rapid communication, universal ideals, are drawing the nations together today to carry out their common tasks, and it remains with the doctors and nurses to qualify themselves in the great art of teaching, and to undertake the duties of teaching health to the nations in the same spirit which has characterized their work for humanity throughout the ages."

The book is small, attractive, and very readable. One hundred and sixty pages are given to the general presentation of the subject matter, and the last fifty pages contain twelve appendixes and a very helpful index. The appendixes contain definite subjects and sources of health education material, and are planned particularly for the British. While this book is written especially for the people of one nation, it is a distinctive contribution to the field of popular health education everywhere.

MARION G. HOWELL, R.N.
Cleveland, O.

EYE, EAR, NOSE AND THROAT MANUAL FOR NURSES. By Roy H. Parkinson, M.D. 207 pages. The C. V. Mosby Company, St. Louis. Price, $2.25.

DR. PARKINSON'S book, "Eye, Ear, Nose and Throat Manual for Nurses," appears to have much of practical and fundamental value as a text and guidebook both for teachers and students.

The field of eye, ear, nose and throat work is so extensive that it is extremely difficult to simplify and to organise the subject matter so that it may be presented clearly to student nurses. Dr. Parkinson has been rather successful in this. He has divided his book into three parts. The first consists of elementary anatomy and physiology of the throat, nose, ear, and eye. He also considers several of the more important diseases common to each structure. The text is illustrated with well-labelled drawings and photographs. The practical importance of this section lies in the fact that a firm foundation of anatomy and physiology is essential in order to understand pathological conditions.

There is, also, in this first part a chapter on special points and treatment of eye, ear, nose and throat conditions. This includes rules for bandaging eyes and ears, the technic of giving ear, nose and throat irrigations and other nursing procedures.

Part II is concerned chiefly with eye, ear, nose and throat operations, operating technic and the duties of the nurse at this time. This section is also illustrated with photographs of standard sets of instruments used for various operations and of patients draped in position for operation. These plates, although generally good, are not particularly of value as they lack detail and are not labelled as well as those of the eye section.

Part III, on public health, is one of the best features of the book. From his experience, Dr. Parkinson evidently realises the great need of a guidebook of its kind which will furnish, as he writes, "a source of information in a concise form, available for the nurse, engaged in this branch of work."

Nurses without special training should find this manual helpful in answering simple questions with which they are so frequently confronted. The article on eye, ear, nose and throat examinations in the school child is very practical. The author has brought out very carefully the manner in which nurses engaged in this work may recognise early signs of eye strain, deafness, and effects of diseased adenoids and tonsils.

Following each lecture of Parts I and II, is a set of review questions, outlining the lesson, which students will find helpful in their study.

In general, however, the chief criticism is that it is not *primarily* a nursing book, although in contrast to similar books written by doctors, it contains less that is technical. It is chiefly lacking in nursing procedure and it seems also that more time should have been given to eye work, as a whole.

ABBY HELEN DENISON, R.N.
Boston, Mass.

Conference on Industrial Nursing

NURSING service and medical care in industry have received a new impetus in Pennsylvania as the result of the Conference on Industrial Nursing held in June under the auspices of the Department of Labor and Industry and in coöperation with the State Department of Health.

The morning session of the conference was devoted principally to a discussion of "Industrial Nursing and Safety." Some of the points emphasised were:

1. No large industrial establishment today can afford to be without a nurse. 2. The need for strong personality and sympathetic insight on the part of the industrial nurse. 3. Importance of coöperation with the safety engineer or the foreman in removing the cause of accidents and thus reducing the accident hazard. 4. The question of ethics, the place where the duties of the doctor leave off and those of the nurse begin, need present no controversial problem where both physician and nurse work according to standards learned in hospitals offering accredited training. 5. If the work of the industrial nurse is to be really effective it must not be confined to the plant, but extended to the homes of the workers. Only when the home conditions are good and the worker is free from worry concerning the health of his family may he be expected to give the best and most effective service to his employer. 6. The need for close coöperation between the state inspector and the industrial nurse.

"Industrial Nursing and Health" was the topic for the afternoon session. Points emphasised were: 1. Need for complete and accurate nursing and medical records. 2. The health problem in industry is far more important than the problem of accidents and the advance of health standards for industrial workers cannot be secured through the efforts of either the workers or of their employers or of community health agencies alone, but only through the combined efforts of all these groups. Industrial nurses were urged to take an active interest in the industrial problems in the plant, but were reminded that their first duty was nursing. 3. Organised labor believes in medical care and industrial nursing service for the worker but warns against the danger of allowing such service to develop into a system of espionage. 4. The opportunity for the plant nurse to keep up the physical standard of the employes by scientific practical follow-up work in the home. 5. The nurses were urged to look for the origin of diseases that appeared to develop as a result of the conditions or processes of the industry, to report their findings to the Section of Hygiene and Sanitation and if difficulties arose in remedying the condition to come to the Section for assistance.

The department of Labor and Industry has decided to print in full the minutes of the conference as a special bulletin which it is hoped will be almost in the nature of a textbook on industrial nursing standards.

The Frequency of Botulism

OCCASIONAL outbreaks of botulism continue to be reported in the United States. The rarity of the disease has apparently never been questioned. The publicity usually attendant on outbreaks has been less in recent years, but it would appear to be far in excess if one considers comparatively the recorded morbidity and mortality. There is, however, and perhaps rightly so, great importance placed on each outbreak because of its fatal sequence to those who consume the contaminated and toxic food.

There have been reported in the United States and Canada, from 1899 to date, and including one outbreak in England, 147 outbreaks, or a total of 504 cases with 337 deaths, giving a case mortality of 67 per cent; fifty-four outbreaks have been proved toxicologically and bacteriologically. The preserved food products concerned, so far as known, were: vegetables, in thirty-eight outbreaks; meat, four; fish, four; fruits, one; pickles, one, and the remainder, unknown. In thirty-six outbreaks the food was home canned; and in eleven, commercially canned.

In the fifty-six outbreaks of botulism recorded in this study, information as to spoilage is available in forty-one. Eighteen of the foods implicated were stated to be normal in odor and taste and there was nothing unusual in the appearance of the container. In the remainder, twenty-three, the preserved food and its containers appeared abnormal, though it was tasted and served as food.—*Journal of the American Medical Association.*

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